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Ollie Collden gary Christian

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SOCIO-ECONOMIC FACTORS INFLUENCING ALIENATION AMONG THE
AGED PARTICIPANTS OF THE EAST BATON ROUGE PARISH COUNCIL ON
AGING SENIOR CENTERS

The Louisiana State University and Agricultural and Mechanical Col.

PH.D. 1986

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SOCIO-ECONOMIC FACTORS INFLUENCING ALIENATION
AMONG THE AGED PARTICIPANTS
OF THE EAST BATON ROUGE PARISH
COUNCIL ON AGING SENIOR CENTERS

A Disserattion
Submitted to the Graduate Faculty of the
Louisiana State University
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Sociology

by
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OLLIE COLLDEN GARY CHRISTIAN

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DEDICATION

To my mother and father, with love,
gratitude and respect and
my children, Gary and Angela.

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TABLE OF CONTENTS

	PAGE
DEDICATION.....	i
ACKNOWLEDGEMENTS.....	ii
LIST OF TABLES.....	v
ABSTRACT.....	viii
 CHAPTER	
I. INTRODUCTION.....	1
Background of the Problem.....	1
Statement of the Problem.....	7
Significance of the Study.....	9
II. REVIEW OF LITERATURE.....	13
Introductory Statement.....	13
Background and Development of Gerontology.....	13
Theories of Social Gerontology.....	14
The Concept and Definition of Alienation.....	24
Survey of Literature on Alienation of the Aged.....	33
Survey of Historical Literature.....	40
III. THEORETICAL FRAMEWORK.....	56
IV. METHODOLOGICAL PROCEDURES.....	67
Introduction.....	67
Description of the Sampling Area.....	68
Description of the Sampling Procedure.....	68
The Personal Interview Schedule.....	69
The Alienation Instrument.....	70
The Dependent Variables.....	74
The Independent Variables.....	75
The Hypotheses Tested.....	76
Treatment of the Data.....	77
V. DISCUSSION OF FINDINGS.....	81
VI. SUMMARY, CONCLUSIONS, AND SUGGESTIONS FOR FUTURE RESEARCH.....	162
BIBLIOGRAPHY.....	183

	PAGE
APPENDIX A: TABLES.....	193
APPENDIX B: QUESTIONNAIRE.....	203
VITA.....	209

LIST OF TABLES

TABLE	PAGE
1. Sampling Distribution from East Baton Rouge Parish Council On Aging Service Centers: 20 Percent Random Sample.....	194
2. The Contribution of the Coefficient of Alpha to the Four Subtypes.....	195
3. Factor Loadings of Alienation Subtypes by Attitudinal Variables.....	196
4. Correlation Coefficients of Independent Variables.....	197
5. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Personal Isolation in an Individual Model.....	84
6. Mean Scores and Percentages for Independent Variables for Subtype Personal Isolation in an Individual Model.....	85
7. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Personal Isolation in a Group Model.....	87
8. Mean Scores and Percentages for Independent Variables for Subtype Personal Isolation in a Group Model.....	88
9. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Group Isolation in an Individual Model.....	104
10. Mean Scores and Percentages for Independent Variables for Subtype Group Isolation in an Individual Model.....	105
11. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Group Isolation in a Group Model.....	108
12. Mean Scores and Percentages for Independent Variables for Subtype Group Isolation in a Group Model.....	109

TABLE	PAGE
13. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Powerlessness in an Individual Model.....	122
14. Mean Scores and Percentages for the Independent Variables for the Subtype Powerlessness in an Individual Model.....	123
15. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Powerlessness in a Group Model.....	125
16. Mean Scores and Percentages for Independent Variables for Subtype Powerlessness in a Group Model.....	126
17. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Normlessness in an Individual Model.....	137
18. Mean Scores and Percentages for the Independent Variables for the Subtype Normlessness in an Individual Model.....	138
19. Analysis of Variance of Socio-Economic Variables as Related to the Subtype Normlessness in a Group Model.....	140
20. Mean Scores and Percentages for Independent Variables for Subtype Normlessness in a Group Model.....	141
21. Summary Table of Significant Differences in the Four Subtypes of Alienation by Independent Variables for the Sample.....	198
22. Attitudinal Questions as Related to each Subtype of Alienation.....	199
23. Mean Scores and Range of Responses for the Subtypes of Alienation.....	201
24. Number and Percent for each Subtype of Alienation.....	202
25. Multiple Regression Results for Dependent Variable Personal Isolation.....	154

TABLE		PAGE
26.	Multiple Regression Results for Dependent Variable Group Isolation.....	155
27.	Multiple Regression Results for Dependent Variable Powerlessness.....	156
28.	Multiple Regression Results for Dependent Variable Normlessness.....	157
29.	Correlation Coefficients.....	158
30.	Summary Table of Multiple Regression Results for The Four Subtypes of Alienation By Independent Variables for the Sample.....	159

ABSTRACT

The objective of this research was to investigate the level of alienation among a sample of aged respondents from East Baton Rouge Parish Council on Aging Senior Centers. The second objective was to determine if black aged respondents would be more alienated than white aged respondents, and the third objective was to determine the relationship between seven independent variables (RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME and HEALTH RATING) and four subtypes of alienation (PERSONAL ISOLATION, GROUP ISOLATION, POWERLESSNESS and NORMLESSNESS).

The sample was comprised of 200 respondents who were selected through a stratified random sampling procedure. The statistical techniques used were analysis of variance and multiple regression analysis.

The study found that alienation existed to a significant degree among the aged respondents. The variable race was significant across four subtypes of alienation. Blacks were more alienated than whites for all subtypes. Income and health rating were found to be significant across each of the four subtypes. Respondents whose incomes were low were more alienated than those respondents whose incomes were high. Respondents who were in poor and fair health were more alienated than those who were in good or excellent health. The variable education was consistent across three subtypes of alienation (GROUP ISOLATION, POWERLESSNESS, and NORMLESSNESS). Respondents who had received less education were more alienated than respondents who had received higher levels of education. The social participation variable church work, did not

prove to be significant for the four subtypes. Volunteer work was significant for the subtype group isolation. Living arrangement was significant for the subtype powerlessness.

The multiple regression technique revealed that the independent variables health rating, race and education were the best predictor variables for alienation. The variable volunteer work was significant for the subtype group isolation. Income was significant for the subtype powerlessness. Health rating was revealed as being significant for the subtypes personal isolation, group isolation and normlessness. It was found not to be inversely related to alienation as hypothesized. Living arrangement and church work did not prove to be good predictors for any of the subtypes.

CHAPTER I

INTRODUCTION

I. Background of the Problem

In order to understand the factors that influence alienation among aged persons, it is first necessary to understand the social and economic conditions under which they exist in order to survive the sometimes harsh realities of a society that has largely been insensitive to their problems.

The plight of the aged American has recently come to be regarded as a major social problem in this country. In a sense, the elderly person (those aged sixty-five and over) are a newly discovered minority group. Like many other minority groups, they face prejudice founded on inaccurate stereotypes; they are excluded from the mainstream of American life on the basis of supposed group characteristics; and they are offered few meaningful roles in this society.¹

Thus, the problems of the elderly are beginning to attract considerable attention primarily because the American population is growing steadily older. The number of elderly people in the United States has rapidly increased since the beginning of the Twentieth Century.² At the beginning of this century there were three million aged persons; today the gerontic population of the United States is large and continues to grow rapidly. There were 25.7 million persons over 65, 16.9 million over 70, 10.1 million over 75, and 2.3 million over 85 in 1980. The latest population projections indicate that the numbers in all of these age categories will be substantially larger by the end of this century and will continue to grow at least for the first three decades of the next century.³

It is apparent that these demographic changes among the elderly have made them a very visible minority group whose social and economic conditions must no longer be ignored by our society.

Until recently, society made little provisions for the satisfaction of the needs of the elderly. This fact is clearly evident, economically, familially, socially and emotionally. In addition to the difficult above-mentioned adjustments, the aged individual is confronted with even more problems due to the changing structure of our society.

Humans tend to have a natural resistance to change which may vary both in intensity and duration. There is a tendency to cling to the known and familiar environments and to fear the unfamiliar and the unknown. The elderly, since they have lived a long time, have experienced changes in many areas of living. One must realize that the changes which occur in old age can be radical and highly disruptive creating feelings of helplessness and powerlessness.

To illustrate one example of change, the researcher will consider the employed worker as a case in point. The individual may be an employed person one day with all the responsibilities of an employed person and retired the next day. Even though he/she may have anticipated retirement at age sixty-five, the actual fact of retirement does not become real until the consequences are felt. What are some of these consequences? The aged person is faced with the realization of a reduced income or in some instances, no income at all and the need to adjust to this new reality; a loss of companionship; loss of status/roles because he/she is not productive in the labor force. Also, as the individual continues to age, other problems such as failing physical

strength, sensory and motor disabilities, physical infirmities along with fear impose a heavy burden on the aged.

In 1980, 9.7 percent of the 65-69 year olds in the United States were still year-round, full-time workers; only 2.5 percent of those aged 70 and older were in that category. In 1978, half of all people in the United States aged 70 and older had total incomes of less than \$5,000 per year - the lowest average income save for teenagers.⁴ A central question that is frequently raised is why is it that some elders do so well economically and others do so poorly economically? The answer to this question can, in part, be found when we examine some of the major sources of elderly income.

Sources of income are more diverse in old age than for any other age.⁵ The writer realizes that earnings from work for some elders still play a key economic role but pensions are the single most important source of income for older people (this category includes social security).⁶ Also, assets provide income supplements for two-thirds of all older people, although they are one of the least lucrative sources of income overall. Finally, public assistance is available for those elderly whose sources of income are very limited.⁷

Social security payments represent the single most important income resource for older Americans. Thus, as age increases and earnings decrease, social security becomes a major importance in the lives of older Americans.

The second most common source of income in old age is asset income.⁸ There are basically three major kinds of assets: equity in a home, nonliquid assets (e.g., real estate) and liquid assets such as savings, stocks, bonds and checking accounts.⁹

Thus, income from assets tends to be small because liquid assets¹⁰ are usually not very large. They are often viewed more as protection against major emergencies (e.g., health care) rather than as an available ready source of income.¹¹ This fact further underscores the importance of pensions as a major source of old-age income.

Finally, supplemental security income (S.S.I.) is provided for elderly persons who are unable to meet their economic needs. In order to receive the S.S.I. funds, the individual must meet certain criteria¹² in order to qualify for assistance. The goal of S.S.I. as it is applied to old people is to provide every eligible person with a guaranteed level of income. It is apparent then that for many elderly people in this country, growing old poses a myriad of problems.

By examining basic sources of income, we are able to understand the magnitude and scope of other problems that the elderly are confronted with such as: health-care costs, transportation, loneliness and adjustment to the aging process.

In addition to income, many of today's elderly persons were unable (for various reasons, such as work) to complete high school.

According to a study conducted by the United States Department of Commerce on the educational attainment of elderly persons, as of 1981, 43 percent of the elderly men or women had discontinued their formal schooling at the eighth grade.¹³

Moreover, there is a marked disparity between the educational attainment of elderly whites and elderly blacks. For example, 42 percent of elderly white men, as compared with 62 percent of elderly black men,¹⁴ discontinued their schooling at the eighth grade. Similarly,

39 percent of elderly white women, as compared with 59 percent of elderly black women, did not go beyond the eighth grade.¹⁵

The principal underlying factors in the lower educational attainment of blacks were believed to be: (1) a consequence of their relatively depressed economic status; (2) past social, economic and political discrimination; and (3) residential or geographical clustering in racial and economic - status enclaves.¹⁶

Blacks represent by far the largest group of minority elders in the United States.¹⁷ The 1980 census counted more than 2 million blacks aged 65 and older, and they accounted for about 70 percent of all minority elders.¹⁸ As a consequence, more data are routinely collected about blacks and more has been written about them than any other racial and ethnic groups.¹⁹

Racial discrimination has also contributed to a situation in which many of the black population are concentrated in blue-collar jobs and less desirable jobs within the blue-collar category.²⁰ For example, among black men aged 55 to 59 in 1970, 44 percent were laborers, janitors, and other menial service workers, compared to 9 percent among white males of the same age. Among black women age 55 to 59, 67 percent were in menial jobs, compared to 21 percent of white women of the same age. Also, unemployment rates of blacks are much higher than those for whites. Even though the occupational status of blacks has improved substantially since 1964, this is of little benefit to older blacks who are much less likely to have benefitted from expanded occupational opportunities.²¹ Thus, older blacks are much more likely to be janitors, cooks, or maids. Obviously, this difference in occupational distribution is the result of job discrimination years ago, but the older black

is still paying for it, especially in terms of their ability to generate adequate retirement income.²²

Racial segregation in housing has contributed to a much higher percentage of older blacks than of whites in sub-standard housing. In 1977, 70 percent of all black families headed by an older person lived in an owned home, while nearly 60 percent of older blacks living alone were in rented housing.²³ Housing of older blacks tends to be older and of lower value than that of whites.²⁴

The neighborhoods in which many black elderly live subject them to a much greater likelihood of victimization than their white counterparts.²⁵ Moreover, the personal victimization rate for elderly black males is twice that of elderly white males. The rate of victimization for black females is three times that of their white counterparts.²⁶

The racial discrimination that has typified the treatment of black Americans for many decades has concentrated older blacks in low paying jobs and in substandard housing.²⁷ These conditions continue into later life in the form of lower social security benefits, fewer private pensions, and more prevalent health problems.²⁸

The vulnerability of many older blacks is compounded by the history of family instability that has accompanied urban ghettoization.²⁹ For example, in 1980, black elders of both sexes were much less likely than white elders to have a spouse present.³⁰ Also, divorce and separation are higher among blacks as is widowhood. At ages 65-74, for example, 61 percent of all black women are either widowed, divorced, or separated from their husbands compared to 45 percent of white women.³¹

The writer realizes that the severity of the changes and the nature of the adjustments to aging will vary with each individual. Thus, it is obvious that the process of aging is an individual phenomenon and it differs from person to person as well as how the individual makes adjustments surrounding it. In addition to an individual's feeling about changes within himself, there are also other changes that may impact the aged persons which may occur in his/her relationship to others and those affecting his/her relationship to his/her family.

As the most meaningful people in the life of the elderly die or relocate to other communities, the social integration of the aged becomes undermined and unfortunately the risks of his/her alienation, isolation, and demoralization certainly increase, along with feelings of powerlessness and normlessness.

The literature suggests that alienation exists among the elderly. Alienation may produce feelings of hostility, aggression and depression. Moreover, alienation in old age is sometimes coupled with physical illness or it may result in social isolation, whether living in a social institution for the aged, penal institution or at home.

Finally, the problem of alienation among the elderly can also be linked to the unresponsiveness of our society to the needs of the elderly in this country. It is with sincere hope that our youth of today will become sensitized to the inevitability of the aging process and seek within the scope of their power to create a better social environment for the aged of tomorrow.

II. The Statement of the Problem

The United States is one of the richest countries in the world with regard to its natural resources and its technological and scientific

resources. Yet, despite these facts, the United States has not solved problems of health care, integration and status of the aged.

Studies concerning the aged have primarily focused on some aspect of adjustment or socialization to the aging process. Alienation and how it relates to the aging process has been a rather neglected area of sociological investigation. Thus, a central problem of social gerontology (and of sociology in general) concerns the identification of those factors that are most closely associated with the presence of alienation -- for example; education, living arrangement, social activity, participation, health and income.

The older person who stays active appears to avoid complete alienation. Also, the aged who are most vulnerable to alienation are those with the greatest role loss and loss of group membership.³² A major problem, thus, concerns the social and psychological consequences of becoming aged.

All of the above factors have been included in the role structure theory of aging which attempts to explain how structural relationships, status and positions in the environment produce social and psychological consequences, such as alienation for the aged. Thus, the major problem addressed in this study is to determine the extent to which selected indicators of role structure influence four subtypes of alienation among a sample of aged persons in a metropolitan county (parish equivalent). This study will also further contribute to those studies that consider alienation as being multi-type or multi-dimensional in nature and therefore may be experienced in varying degrees in different spheres of life. In addition, these subtypes of alienation may be influenced differentially by role structure variables. This study will attempt to

provide some insights into this area.

Using East Baton Rouge Parish in the State of Louisiana as the unit of observation and focusing on the aged as the unit of analysis, the objectives of this research study were:

1. To determine the degree of alienation among a sample of aged respondents (sixty-five and over) in East Baton Rouge Parish.
2. To determine if there were significant differences between black and white aged respondents with reference to the degree of alienation.
3. To determine if significant differences exist among aged persons within various categories of the selected variables: education, income, health rating, church work participation and living arrangement.

III. Significance of the study

The study of alienation among the aged has theoretical, methodological and practical significance. Theoretically, social gerontologists have not developed a comprehensive theory of alienation of the aged. Although past theories do not provide an adequate framework for studying alienation among the aged, they should be considered when studying social problems that exist among the elderly. Thus, past theories on aging will be discussed in the review of literature section.

There is a dire need for researchers to develop a theory of alienation specifically related to the aged. A consequence of the need for a theory of alienation for the aged is that there is a dearth of literature specifically related to the social-psychological well-being of the elderly population.

In view of this problem, the writer sincerely hopes that this

research study will contribute to the development of a knowledge base on alienation as it relates to the aged as well as contributing to the development of a role structure theory of alienation of the aged.

The methodological significance of this study is that the alienation scale that was operationalized in this study was developed specifically to measure alienation among the aged. Most of the scales that have been used to measure alienation by past studies were designed for such groups as students and factory workers, to name a few.

Practically, this study will provide needed information that could address essential questions and answers as to why many elderly persons feel alienated. This could give some indication of the mental health status of elderly persons. Such information could also help federal, state and local agencies develop programs and strategies to reduce alienation among the elderly and thus improve their mental health.

Finally, this study could be used in developing treatment modalities for the aged who are institutionalized in nursing homes, penal institutions and psychiatric and geriatric hospitals. Also, this research could serve as a base of knowledge which could help improve the quality of life for aged persons in community-based day care centers and boarding homes that are at present beginning to flourish in various regions across the country. Also, this study could sensitize state legislators to the social and psychological status of elderly in order to facilitate public policy development and implementation. If concerns could be generated at this level, perhaps increased funding for special programs could be used to improve the quality of service delivery systems designed for the elderly.

FOOTNOTES

CHAPTER I

¹Matilda Riley, "Age Strata in Social Systems," Handbook of Aging and the Social Sciences, ed. James Birren, (New York: Van Nostrand Reinhold, 1976), p. 25.

²U. S., Bureau of the Census, Current Population Reports, 1976: Special Studies Series, 59, pp. 3-9.

³U. S., Bureau of the Census, Current Population Reports, 1984: Special Studies Series, 138, p. 5.

⁴John Weeks, Aging: Concepts and Social Issues (Belmont: Wadsworth Publishing Company, 1984), pp. 158-159.

⁵Ibid., p. 159.

⁶Ibid., p. 159.

⁷Ibid., p. 160.

⁸Ibid., p. 163.

⁹Ibid., p. 163.

¹⁰Ibid., p. 164.

¹¹Ibid., p. 164.

¹²Ibid., p. 165.

¹³U. S., Bureau of the Census, Current Population Reports, 1984, p. 91.

¹⁴U. S., Bureau of the Census, Current Population Reports, 1984, p. 91.

¹⁵U. S., Bureau of the Census, Current Population Reports, 1984, p. 92.

¹⁶U. S., Bureau of the Census, Current Population Reports, 1984, p. 92.

¹⁷Robert C. Atchley, The Social Forces in Later Life (Belmont: Wadsworth Publishing Co., 1980), p. 272.

¹⁸John Weeks, Aging: Concepts and Social Issues (Belmont: Wadsworth Publishing Co., 1984), p. 179.

¹⁹Robert Atchley, The Social Forces in Later Life, p. 172.

²⁰Ibid., p. 273.

²¹Ibid., p. 273.

²²Ibid., p. 273.

²³Ibid., p. 276.

²⁴Ibid., p. 276.

²⁵Ibid., p. 276.

²⁶Ibid., p. 276.

²⁷Ibid., p. 277.

²⁸Ibid., p. 277.

²⁹John Weeks, Aging: Concepts and Issues, p. 182.

³⁰Ibid., p. 182.

³¹Ibid., p. 183.

³²Ruth S. Cavan, "Self and Role in Adjustment During Old Age", Gerontology: A Book of Readings, (ed.) Clyde B. Wedder, (Springfield: Charles C. Thomas, 1963), p. 25.

CHAPTER II

REVIEW OF LITERATURE

I. Introductory Statement

The review of literature will be divided into four sections. The first section will briefly explore the background of gerontology and social gerontology. In the second section, a general overview of social gerontology theories will be provided. In the third section, a survey of the salient literature dealing with alienation of the aged will be discussed. Finally, in the fourth section, a survey of the literature on alienation in general will be presented.

The Background and Development of Gerontology

Gerontology, the scientific study of aging, began to emerge as a scientific field about 1940.¹ The increasing number of older people in the population gave impetus to this new science. Gerontological research first started with the psychological aspects of the aging process. Afterwards, the sociological aspects of aging were studied. Around the 1950's a subfield of gerontology was created called social gerontology which deals with the behavioral aspects of aging.

Great strides in gerontology were made in the later 1930's when biologists first studied the biological changes that occur in the tissues and cells of the body as they age and the mechanisms that cause these changes.² Cowdry's summarizing volume, Problems of Aging, which appeared in 1930 gave further impetus to the research in this area.³ Moreover, the formation of the Gerontological Society in 1945 contributed to the already existing interest in the field.⁴

Research into the psychological aspects of aging was begun around 1930 by the Stanford Later Maturity Research Project.⁵ Prior to this,

little psychological research had been done except for G. Stanley Hall's work on senescence.⁶ Later, Hall studied religious beliefs and attitudes toward death among older people. Hall found that as people grow older, they do not necessarily become more religious nor do they become fearful of death. Hall's findings continue to remain valid today. Older people worry more about finances than they do about death; younger people tend to fear death more than the elderly.⁷

In 1940, Judson T. Landis' study of the Attitudes and Adjustments of Aged Rural People in Iowa served as a pioneering effort in the social sciences to address the problems of the aged.⁸ An outstanding contribution was also made by Ernest Burgess who helped to form the Committee on Social Adjustment in Old Age. The task of this committee was to develop an orientation for the study of the adjustment problems in old age.⁹ Thus, this report of the committee's work was published in 1948 and laid the foundation for and direction to the study of the sociological aspects of aging.¹⁰

II. Theories of Social Gerontology

As indicated earlier, the application of a theory of alienation of the aged has been given little attention by gerontological researchers. Therefore, attention will be focused on two widely known theories that have helped to explain the aging process. These two theories are the disengagement theory and the activity theory. These theories were selected because each has the capacity to explain various dynamics of the problems encountered in the process of aging.

The Disengagement Theory of Aging

The disengagement theory of Aging is one of the most controversial theories in gerontology. Elaine Cumming and William Henry in Growing

Old: The Process of Disengagement, have advanced this theory. The Central position advanced by Cumming and Henry is that the individual cooperates in a process of disengagement which takes place between himself and society.¹¹ Moreover, as a person ages there is a gradual withdrawal from society by surrendering certain social roles. This process of surrender and disengagement is seen as an inevitable process in which certain relationships between a given individual and other members of society are severed and other relationships are altered in various ways. Faced with advancing age the individual begins to see the inevitability of death. The individual begins to prepare for death by gradually withdrawing from active societal roles. According to the authors, the disengaging process may be primarily intrinsic, and secondarily responsive, which leads to a disengaged state.¹² The individual is pictured as participating with others in his social systems in a process of mutual withdrawal, rather than by being deserted by others in the social structure.¹³

Disengagement begins during the sixth decade of life with a shift in self-perception which may reflect both a withdrawal of object cathexis and a beginning of anticipatory socialization to the aged state.¹⁴ This shift in perception is accompanied by a construction in the variety of interactions undertaken and is followed shortly thereafter by a reduction in the number of hours each day which are spent in the company of others.¹⁵

Finally, there may occur some shift in the quality of interaction with others, the aged group choosing a wider variety of relational rewards than the middle-aged.¹⁶ Thus, the result of the disengaging process is a more self-centered and idiosyncratic style of behavior among the ambulatory aged.¹⁷

Cumming in another publication, "New Thoughts on the Theory of Disengagement", presents an interesting discussion of her proposed temperamental variable. First, a discussion of two basic temperaments, the impinger and the selector. In the original form; the disengagement theory suggested an ultimate biological basis for a reduction of interest or involvement in the environment. Variations in the disengaging process were attributed to social pressures, especially as they are differently experienced by men and women.¹⁸ Cumming combines both biological and social variables within the framework of disengagement theory in order to suggest a wider variety of styles of interaction in old age than would otherwise be possible.

The proposed temperamental variable, basically biological, is the style of adaptation to the environment.¹⁹ Cumming maintains that humans must maintain a minimum of exchange with the social environment, or a clear anticipation of renewing exchange with it, in order to keep a firm knowledge both of it and of themselves.²⁰ Cumming believes that there are different modes of maintaining this relationship. These modes are referred to as the "impinging" mode and the "selecting" mode. The impinger, according to Cumming, appears to try out his concept of himself in interaction with others in the environment and to use their appropriate responses to confirm the correctness of his inferences about himself, the environment and his relationship to it. Cumming further points out that if the feedback from other individuals suggests that he is incorrect, he will try to bring others' responses into line with his own sense of the appropriate relationship. If the individual fails repeatedly he will modify his concept of himself.²¹ Writing in contrast to the "impinger", the "selector tends to wait for others to affirm his

assumptions about himself.²²

Cumming assumes that temperament is a multi-determined and biologically based characteristic. Cumming further assumes that the modal person can both impinge and select as the occasion demands although the individual may prefer one style rather than the other style. The author believes that a pronounced selector will probably be known as "reserved", or "self-sufficient" or "stubborn", and a pronounced impinger as "temperamental", "lively", or "brash". It is expected that as the impinger grows older, he will experience more anxiety about loss of interaction, because he needs it to maintain his orientation. The selector, being able to make use of symbols, may also have less difficulty with the early stages of disengagement.²³

Due to the biologically based differences among individuals, it is expected that these differences will impose a pattern upon the manner of growing old.²⁴ Cumming also take issue with another aspect of the original disengagement theory. The original theory postulated that society withdraws from the aging person to the same extent as the person withdraws from society. Cumming believes that the disengagement process is deeply rooted in the culture and the social structure. In order to illustrate the above view, the author of this theses, looks at the organization of modern society. The organization of modern society requires that competition for powerful roles be based on achievement.²⁵ Competition in modern society tends to favor the young largely because their knowledge is newer. Furthermore, Cumming maintains that the pressure of the young to move to the highest roles cannot be met in a bureaucracy by an indefinite expansion of the powerful roles.²⁶ Consequently, older members must be pushed aside in order to make way for the younger. As

the individual ages past the seventh grade, roles must be found for aged persons that young people cannot fill.²⁷

Finally, at the end of life when the aged individual has outlived one's peers, social withdrawal consists in failure to approach. In this sense, the young withdraw from the old because the past has little reality for them.²⁸ Thus, they approach him with condescension, or do not approach at all because of embarrassment. Cumming believes that the real social problem for the very old, given health and enough money, may well be the lack of an intimate circle of family and friends. The process of disengagement results in the social tasks getting harder and the alternatives more rewarding, while for the young person, the social tasks remain rewarding and the alternatives are felt as alienation.²⁹

Streib, writing in support of the disengagement theory clearly points out that the theory has been greatly criticized but has made a contribution to social gerontology in that Cumming and Henry conceived a theory originating in common sense observations and it does have value in understanding aging as a process as well as the aged individual.³⁰

Loether, also, writing in support of the disengagement theory maintains that the aging process may bring about an altered self-concept. That is, the individual may become very conscious that he is aging and as a consequence, acknowledges to himself that his mental faculties or skills are declining. When this degree of introspection occurs, the individual may begin the disengagement process on his own volition.³¹

Arnold Rose in an eloquent challenge to disengagement theory, argues that the disengagement process is not inevitable. The lack of involvement in later life may be a continuation of a lifelong pattern for some people. By the same token, many people never disengage and

continue to be socially involved all their lives.³² Rose also maintains that disengagement is not beneficial to the individual. Rose further states that the empirical evidence suggests that the elderly who are engaged tend to be in most cases, the happiest and to have the greatest life satisfaction.³³ Also, although Cumming and Henry see disengagement as a universal phenomenon, Rose takes an issue with this view and firmly maintains that in many cultures there is little or no disengagement and that the elderly are either shifted into new roles or given much prestige and power.³⁴ Finally, Rose points out that in the American Society, many trends serve to counteract the forces leading to disengagement in the elderly. These trends are: (1) advance in medical care and services, which have led to better health and increased vigor of older people today; (2) more economic security for the elderly through pension plans, social security, and annuities; (3) development of social movements among the elderly to raise their prestige and to increase their privileges; (4) the trend toward earlier retirement which may become a factor in motivating re-engagement; and (5) the expansion of activities and hobbies for the elderly which hopefully afford them new roles and options.³⁵ Tallman and Kutner tend to believe that disengagement is due to several factors such as: death of spouse and other relatives, and loss of peers.³⁶

Disengagement theory, despite its flaws has continued to be of interest to sociologists who are concerned with the aging process. Parsons, in the foreword to Cumming and Henry's Growing Old: The Process of Disengagement, describes the book as:

Probably the most serious attempt so far to put forward a general theoretical interpretation of the social and psychological nature of the aging process in American

society. It may be safely predicted that this study will serve as the most important focus of discussion of the problems on this level for some time.³⁷

Maddox, in his critical evaluations of the disengagement theory also believes that in spite of the criticisms of the disengagement theory and the research associated with the theory, it will remain one of the most important foci of discussion in social gerontology for years to come.³⁸

In conclusion, it is apparent that the disengagement theory does not theorize alienation but does imply within the theory that as the aging individual disengages from his/her performance of certain roles, the individual will experience higher levels of personal satisfaction and consequently, will be inclined toward lower levels of alienation.

The Activity Theory of Aging

In contrast to the disengagement theory is the activity theory of aging, sometimes referred to as the "common-sense" theory of aging.³⁹ The disengagement theory emphasizes withdrawal from roles, the activity theory stresses a continuation of role performances. In this view, when roles are lost, such as in retirement and widowhood, the individual is expected to find substitutes.⁴⁰ Robert Havighurst and his associates sum up the main premise of the activity theory:

The older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his social world. He maintains the activities of middle age as long as possible and then finds substitutes for those activities he is forced to relinquish: substitutes for work when he is forced to retire; substitutes for friends and loved ones whom he loses by death.⁴¹

The activity theorists accept the fact that retirement is the normal state for older people and they make the assumption that retirement leads to loss of social roles.⁴² The activity theorists further

maintain that elderly people who are most successful with their retirement are those who are able to maintain high levels of activity after being displaced from the labor force. Substitutes for paid employment such as participation in social activities, hobbies, political work, etc., are believed to assist or help older people adjust to the loss of their direct economic activity.⁴³ Thus, these various social participation activities can assist the aged person with successful aging because he/she has replaced the roles lost upon retirement. Moreover, the replacement of roles promotes individual self-esteem. One of the major underlying implications of the activity theory is that the individual does not have to reconcile himself or herself to "sitting back" and passively accept the loss of status and the loss of roles that society dishes out but rather the aged individual can respond to the void or emptiness that one may experience as a consequence of retirement by engaging himself/herself in new social activities.⁴⁴ The idea is to substitute those roles that were lost prior to retirement with new or different roles upon retirement.

An excellent example of the activity approach is the research reported by Robert Havighurst and Ruth Albrecht. Havighurst and Albrecht studied "Prairie City", a small midwestern town in order to investigate the lives of older people.⁴⁵ The researchers basic hypothesis was that personal adjustment will be related to activity in such a way that the more active people - mentally, physically, socially - are the better adjusted.⁴⁶ The American formula for happiness in old age might be summed up in the phrase "keep active".⁴⁷ One good case study illustrating what Havighurst and Albrecht meant is that of Mrs. Gray. Mrs. Gray was 65 when interviewed and was the wife of a local retailer who was

still running his business at age 68, but who was slowly relinquishing control to their sons. She was in good health and reported:

I have no complaints whatsoever. I feel just as good as I ever did. In fact I was talking with my husband the other night and we agreed this was probably the best time of our lives.

Do I belong to many organizations? Yes, I'm in a lot of things. I belong to the DAR and so many others that I forget the names of them now...Of course, I have lots of relatives and they are always popping in on me, and I have more friends that I can keep track of. Someone is always popping in and out of the house, and I still see my friends quite frequently at club meetings and card parties and the different get-togethers that we have.⁴⁸

Observe that the entire verbalizations of the interviewee focused on the issue of social activity participation, the main theme of the activity theory. Several attempts have been made to turn these ideas into testable hypotheses such as: (1) the greater the activity, the more role support one is likely to receive; (2) the more role support one receives, the more positive one's self-concept is likely to be; and (3) the more positive one's self concept, the greater one's life satisfaction is likely to be. The attempts to test these hypotheses have largely been unsuccessful.⁴⁹ This may be due partly to the fact that even as activity was being touted as a way in which older people could enhance their social profile and recapture some of the status lost due to retirement, it was recognized that there are a minority of people who are content with a very passive quiet life.⁵⁰

Robert Audrey in his book, The Social Contract, proposed that human beings just as the primates from which they evolved, need peer relationships to satisfy their needs. Thus, as we age we continue to maintain the need for intimacy with other individuals.⁵¹

Graney also wrote in support of the activity theory via his research

from a 4 year longitudinal study of 60 elderly women.⁵² Data about their happiness and social activities were collected using the Affect Balance Scale and nine measures of socially relevant activities, including three measures of media use, three of interpersonal interaction, and three of activities in voluntary associations.⁵³ Graney found a direct relationship between happiness and social activity among elderly people. Activity increments were associated with happiness and decrements with unhappiness. The degree of activity in radio use, visiting friends and relatives, telephone use, attending religious services, attending meetings of voluntary associations, and maintaining memberships in voluntary associations was significantly related to happiness. Participation in two relatively passive activities, watching television and reading, was not related to happiness in these data.⁵⁴

When we examine the disengagement theory and the activity theory, it is clear that there are weaknesses as well as strengths. Neither theory can adequately characterize all aged people and therefore their explanatory power is somewhat weak.⁵⁵ Also, both theories rest on a static perception of old age based on the assumption that the low status of older people is normal and therefore something that is best coped with by one set of behavior (disengagement) or another (activity).⁵⁶ Neither theory recognizes the possibility that the status of older people may be a socio-historically derived situation that is amenable to change, and neither recognizes the possibility that each person's reaction to and behavior during old age may be determined by patterns of social interaction that have developed over the entire life course.⁵⁷ Both theories, however, do attempt to offer a plausible explanation of the aged and aging process.

To sum, it seems reasonable to assume that whether some aged individuals gradually disengage or whether they maintain a high level of social activity participation will depend to some extent on the individuals life-long patterns, life experiences, economic status, self-concept and other specific needs that the aged person may require.

III. The Concept of Alienation

Despite some skepticism which has arisen over the meaning and viability of alienation, either as a tool of social inquiry or as an instrument for social criticism and practical action, scholarly and scientific interest in the idea of alienation has persisted as never before in the contemporary evolution and career of the concept.⁵⁸ The large and rapidly increasing body of literature in philosophy and the social sciences, and the growing international multidisciplinary group of scholars and researchers presently engaged in alienation theory and research, suggest that the study of alienation has emerged today as a firm and legitimate field in its own right.⁵⁹

There has been a considerable amount of controversy over important issues and problems among the alienation theorists. Several of these issues have arisen in the course of the evolution and secularization of the concept, from its early intellectual roots which go as far back as ancient philosophy to contemporary theoretical and empirical research applications in the social sciences.⁶⁰ The fact that students of alienation are divided on various issues is not necessarily a bad thing. On the contrary, it is precisely through the dialectical process of critical commentary and debate - certainly important investigative methods in their own right - that substantive advances can be made in the field of alienation.⁶¹ The problem of alienation, a major issue for more than a

century, continues to seize the interest of scholars and students.

C. Wright Mills stated that:

The advent of the alienated man and all the themes which lie behind his advent now affect the whole of our serious intellectual life and cause our immediate intellectual malaise. It is a major theme of the human condition in the contemporary epoch and of all studies worthy of the name.⁶²

Despite the criticisms made of alienation, there has been an increase interest on alienation and the development and operationalization of numerous attitudinal scales. (For a brief sampling of some of the major works that have appeared in the last decade alone, see Schaff, 1981; Geyer and Schweitzer, 1981; and Geyer, 1980).

Rather than attempting to circumvent the concept of alienation due to disagreements, confusion or misunderstanding concerning it, the present writer is in agreement with Horowitz that the challenge be:

better met by further clarifying the meaning of the term than by urging premature abandonment on the grounds that any word admitting of multiple different definitions is meaningless, or the quality spurious aim of preserving formal symmetry.⁶³

The present writer will attempt to explore this multidimensional concept and its relationship to various variables selected for study. This study will hopefully contribute to the growing number of studies in the field of alienation and to hopefully help in some way to further clarify the concept of alienation.

The Definition of Alienation

No simple definition of alienation can do justice to the many intellectual traditions which have engaged this concept as a central explanatory idea.⁶⁴ One basis of confusion is the fact that the idea of alienation has incorporated philosophical, psychological, sociological and

political orientations.⁶⁵ In the literature on the theory of alienation, one finds statements of the desired state of human experience, assertions regarding the actual quality of personal experience and programs for the amelioration of the human condition.⁶⁶

Whether as a term or concept, alienation is not new to the social and psychological sciences. As a word, alienation derived from the classical Latin term *alienare* into Middle English where it continued to have such meanings as renouncement of ownership, mental disorder, and intrapersonal estrangement.⁶⁷ The word *alien* in English continues to mean "foreign" or "strange".⁶⁸ Several theorists have suggested numerous possible correlates of alienation such as apathy,⁶⁹ authoritarianism,⁷⁰ conformity,⁷¹ prejudice,⁷² regression and suicide.⁷³ Alienation has also been a recurrent theme in the media of contemporary society.⁷⁴ It has emerged in various art forms (e.g., *Hair* and *Easy Rider*).⁷⁵ In his examination of the persuasion process in the Kate Smith bond drive, Merton emphasizes the significance of pervasive distrust: "The very same society that produces this sense of alienation generates in many a craving for reassurance, an acute need to believe, a flight into faith - faith in the sincerity of the persuader."⁷⁶

A concept that is so central in sociological work, demands special clarity. Seeman (1959) agrees with Nisbet (1953) that the concept of alienation continues to dominate the literature of sociological thought.⁷⁷ Erikson, defines alienation as "disconnection, separation - the process by which human beings are cut adrift from their natural moorings in the world as the result of unnatural, alien work arrangements".⁷⁸ Grodzins defines alienation as "the state in which individuals feel no sense of belonging to their community or nation. Personal contacts are neither

stable nor satisfactory".⁷⁹ Seeman, in his pioneering article, "On the meaning of Alienation", essentially brought order out of chaos by isolating five categories of subjectively experienced psychological states (conceived in terms of the individuals' expectations).⁸⁰ In his introductory statement, Seeman points out that although he categorized the variants of alienation, he also realizes the need for subsequent empirical research to be conducted in order "to determine (a) the social conditions that may create these five variants of alienation, or (b) their behavioral consequences".⁸¹ Although Seeman provides us with five definitions of the five variants of alienation, only three of these definitions will be considered since they are of particular interest to this study. These three variants of alienation of interest are: Powerlessness, normlessness and social isolation. In this study, the variant social isolation is discussed also from two view points: Personal isolation and group isolation.

First of all, alienation is defined in this study as a feeling of powerlessness, normlessness, personal isolation or group isolation, accompanied by restriction in social relationships and marked by social withdrawal.⁸²

The first variant of alienation to be discussed is powerlessness. This is the notion of alienation as it originated in the Marxian view of the worker's condition in capitalist society: the worker is alienated to the extent that the prerogative and means of decisions are expropriated by the ruling entrepreneurs.⁸³ Marx was interested in other alienative aspects of the industrial system; e.g., one might say that his interest in the powerlessness of the worker flowed from his interest in the consequences of such alienation in the work place - e.g., the alienation

of man from man, and the degradation of men into commodities.⁸⁴

Marx would brief us, presumably, by saying that alienation is most likely to issue from those locations in the workplace (a) where workers are separated from the means of production, (b) where people contributing to the overall production process do not have a very clear sense of the pattern of the whole and are not really sure what their own role is in it, (c) where the work process is controlled by an external force or condition to which the worker has to adapt her own movements, and (d) where the work task has been splintered into so many specialties that only a fraction of the worker's intelligence and skill is required for its completion.⁸⁵ Weber, has argued that the worker was only one case of the phenomena; for in the industrial society, the scientist, the civil servant, the professor is likewise separated from control over his work.⁸⁶ Seeman, in explicating the variant powerlessness, asserts that this type of alienation can be conceived as the expectancy or probability held by the individual that his own behavior cannot determine the occurrence of the outcomes or reinforcements, he seeks.⁸⁷ Powerlessness is an expression of one's inability to control life chances, life outcomes, or life situations and is characterized by a lack of control of life situations.⁸⁸

Other researchers such as Kris and Leites isolate the variant powerlessness as a specific aspect of adjustment in mass society. They stated that:

Individuals in the mass societies of the twentieth century are to an ever-increasing extent involved in public affairs; it becomes increasingly difficult to ignore them. But ordinary individuals have ever less the feeling that they can understand or influence the very events upon which their life and happiness is known to depend.⁸⁹

Thompson and Horton have stated that feelings of powerlessness give rise to feelings of political alienation.⁹⁰ Levin has pointed out that the "alienated voter feels that he is a political outsider - without influence, without power", and because he is without influence and power, the individual feels "angry" and "resentful" concerning his powerlessness. Levin further points out that:

The essential characteristic of the alienated man is his belief that he is not able to fulfill what he believes is his rightful role in society. The alienated man is acutely aware of the discrepancy between who he is and what he believes he should be.⁹¹

The second variant of alienation of particular interest to this study is normlessness. Durkheim saw anomie (normlessness) and the break-up of integrated communities as the distinguishing feature of modern society.⁹² The massive social processes of industrialization and urbanization had destroyed the normative structure of a more traditional society and uprooted people from the local groups and institutions which had provided stability and security.⁹³ In the traditional usage, anomie denotes a situation in which the social norms regulating individual conduct have broken down or are no longer effective as rules for behavior.⁹⁴ Merton in his book, Social Theory and Social Structure, describes the adaptations (e.g., conformity and deviance) that may occur where the disciplining effect of collective standards has been weakened. Merton uses as a case in point the situation in which culturally prescribed goals are not congruent with the available means for their attainment. Merton argues that anomie will develop to the extent that "the technically most effective procedure, whether culturally legitimate or not, becomes preferred to institutionally prescribed conduct."⁹⁵ Merton also maintains that the anomic situation leads to low predictability in

in behavior, and second, that the anomic situation may well lead to the belief in luck (e.g., fortune and chance).⁹⁶ Seeman defines this second variant of alienation as one in which there is a high expectancy that socially unapproved behavior are required to achieve given goals.⁹⁷ Normlessness has also been defined as an expression of uncertainty as to how to act or as to behavioral expectations, and is characterized by the absence of conformity to group norms.⁹⁸

The third variant of alienation refers to isolation. Seeman notes that although he has attempted to provide an adequate explanation of social isolation, it remains one of the real ambiguities in the literature on alienation.⁹⁹ Seeman defines this variant of alienation as one who assigns low reward value to goals or beliefs that are typically highly valued in the given society.¹⁰⁰ This definition has been used in Nettler's scale, for as a measure of "apartness from society".¹⁰¹ Nettler's scale consists of items that reflect the individual's degree of commitment to popular culture. Included for example, is the question, "Do you read Reader's Digest?" Nettler selected Reader's Digest because "it represented popular appeal and folkish thoughtways."¹⁰² Blauner points out that isolation results from a fragmentation of the individual and social components of human behavior and motivation.¹⁰³ Blauner further states that isolation suggests the idea of general societal alienation, e.g., the feeling of being in, but not of, society, a sense of remoteness from the larger social order, an absence of loyalties to intermediate collectivities.¹⁰⁴

Bennett sees alienation resulting largely from a loss of roles. Bennett points out that "there is evidence in developed countries attesting to the negative impact of "role loss" and social isolation."¹⁰⁵

Durant sees isolation as being comprised of two facets: personal isolation and group isolation. Personal isolation is distinguished from group isolation in that the former is an expression of loneliness and dissatisfaction with life characterized by self-isolation. Group isolation is an expression of limited or restricted relationships in groups and in social interaction. For the aged, this may be characterized by a reduction of responsibility in roles and role relationships, and through structural restrictions in occupations, community social participation, family activities, and the like.¹⁰⁶

Despite the fact that there has been disagreements over the conceptualization of the term alienation, researchers have nevertheless, attempted to measure some aspect of alienation.

There is sufficient justification in the literature for the use of subscales to measure the powerlessness, normlessness and social isolation variants of alienation. Many of these studies have used Seeman's definitions as "a secure place to stand when considering the anatomy of alienation".¹⁰⁷ Neal and Seeman used a seven item forced-choice scale in their attempt to measure powerlessness in members of a work-based formal organization.¹⁰⁸ The subjects in the study were asked to choose one of two statements where one of the statements indicated powerlessness. An example of the items follows: (1) There is very little persons like myself can do to improve world opinion of the United States. (2) I think each of us can do a great deal to improve world opinion of the United States.¹⁰⁹

The authors looked at the degree of powerlessness among: manual and non-manual workers. The two groups were further sub-divided into mobility-oriented and non-strivers and then, the unorganized and organized.

The authors found that organized workers (union members) exhibited less powerlessness than did the unorganized workers as hypothesized,¹¹⁰

Neal and Rettig, also used subscales to measure powerlessness and normlessness in a study of alienation among manual and non-manual workers.¹¹¹ An eleven item scale was used to measure powerlessness. These researchers attempted to measure normlessness from both a political and economic vantage point. The authors found that the two groups studied were not significantly different with respect to the degree of powerlessness and normlessness exhibited. No indication was given of the extent or degree of these two facets of alienation (whether there was high or low powerlessness and normlessness exhibited by the manual and non-manual workers).¹¹²

Dean Also considered alienation to be three-faceted. He developed a nine item subscale to measure powerlessness, a six-item normlessness subscale and a nine-item social isolation subscale.¹¹³ In this study, the researchers hypothesized: (1) a negative correlation between occupation, education, and income and the variants of alienation, (2) a positive correlation between advancing age and alienation and its components, and (3) a negative correlation between rural background and alienation and its components.¹¹⁴ The authors found all hypotheses to be sustained at statistically significant levels, but the correlation coefficients were, for the most part, so small as to render infeasible the possibility of predicting alienation from these five independent variables.¹¹⁵

Durant uses four subscales to measure alienation in a sample of aged individuals: Personal isolation, Group isolation, Powerlessness, and Normlessness. He attempts to predict alienation using residence, race, and sex as control variables and education, income, social

activity participation and family interaction as independent variables. The researcher found that the level of alienation did not differ between rural and urban aged. Blacks tended to be more alienated than whites and males more than females.¹¹⁶

Steelman and McCann used the Srole anomia scale plus one extra item, "Things have usually gone against me in life", to measure differences in anomia in low-income southern counties by race.¹¹⁷ The researchers found that blacks, low-income, low-education and low-voluntary organization participation individuals suffer from higher levels of anomia than the more advantaged.¹¹⁸

IV. Survey of Literature on Alienation of the Aged

In the more contemporary literature, Seeman is credited with having led the effort to clarify the meaning of alienation and to place it in a theoretical perspective. Seeman was able to separate five meanings of alienation: powerlessness, meaninglessness, isolation, self-estrangement and normlessness. Seeman outlines the derivation of these meanings from traditional sociological analysis.¹¹⁹

According to Seeman, one type of alienation, powerlessness, lies in the ideas of Karl Marx. For Marx, the process of alienation manifests itself in the worker's condition in capitalist society: the worker is alienated to the extent that the prerogative and means of decisions are expropriated by the ruling entrepreneurs.¹²⁰ The second usage of alienation, meaninglessness, refers to the individual's sense of understanding the events in which he is engaged. High alienation occurs when the individual's standards for clarity in decision making are not met.¹²¹ The third variation of the alienation theme is derived from Emile Durkheim's description of anomie which refers to a condition of normlessness. For

Seeman, anomie denotes a situation in which the social norms which regulate individual conduct have broken down or conduct norms have broken down or become ineffective as rules for behavior.¹²² The fourth type of alienation, isolation, may be defined in terms of rewards and values; therefore, the alienated individual in the isolated sense are those who assign low reward value to goals or beliefs that are typically highly involved in a given society.¹²³ The final variant is self-estrangement. One of the most extensive treatments of self-estrangement can be seen in Fromm's The Sane Society. Fromm defines alienation as a mode of experience in which the individual sees himself as being alien.¹²⁴

Consequences of alienation for the individual have been described by Hobart as being: (1) a feeling that others don't understand; (2) a resulting impaired ability to communicate with others; and (3) social isolation.¹²⁵

The importance of the workgroup situation has been studied among white-collar and professional workers as well as among blue-collar workers.¹²⁶ Alienation has been found to exist in highly centralized and highly formalized white-collar organizations.¹²⁷

A large number of studies of voters have found a positive relationship between high feelings of powerlessness and low socio-economic status.¹²⁸ This relationship has been found to exist in the United States as well as in Latin America and Europe. Many voters of low-educational advantage believe the community is run by a small group of controlling and selfish individuals who use public office for personal gain.¹²⁹

Studies have shown that the aged are alienated from the mainstream of society and are less vocal and visible.¹³⁰ For the aged, loss of

family coupled with physical illness often results in social isolation, either through living alone or living in institutions for the elderly,¹³¹ This isolation is followed by depression and despair and concern with death.¹³²

Rosow found that alienation differs by social class, the middle class being less dependent on neighbors as a source of friendship than the working class. Also, Rosow found that the middle-class aged may actively avoid the formation of friendships with neighbors. Rosow concludes that middle-class aged persons apparently have more personal resources or interests which make them more self-sufficient than the age of the working class.¹³³

Dumont discusses one solution of old men for combating social isolation: tavern going. Dumont found in observations of a community area that the needs of homeless men were not being met by health and welfare agencies. The bartender and his tavern provided many of the needs for men. A case study of a barroom hangout revealed that the regulars at the bar formed a cohesive and durable social system. Their conversations were revolved around loss, illness, isolation, and death.¹³⁴

Martin and Bengston examined the level of alienation of 182 males in three groups, ranging in age from 15 to 81 (youth, middle, and old). They found that elderly persons exhibited the highest total alienation scores when they were compared to youth and middle-age groups with respect to powerlessness and meaninglessness in the social economic and educational context.¹³⁵

Tissure studied 256 elderly people in Sacramento County and found that the aged poor who sustained greater loss in social interaction over time maintained lower levels of current interaction and more

frequently describe themselves as unhappy and dissatisfied with their current lives.¹³⁶

Youmans clearly states that old age in the United States is often accompanied by adverse psychological states, such as feelings of pessimism, despair, and dejection.¹³⁷ Moreover, older age status appears to be accompanied by decreasing opportunity to function as an effective and influential member of the society and, therefore, by an inability to achieve many life goals. Consequently, hopelessness, discouragement, despair, and demoralization are more characteristic of aged persons in American society.¹³⁸ In addition, if older age tends to exclude people from activities and roles which give a sense of accomplishment and achievement, it might be expected that this process would be aggravated by increments in chronological age.¹³⁹

Sickness, injury, and health ailments may also prevent an individual from engaging in many meaningful and important activities.¹⁴⁰ Health ailments are frequently accompanied by pain, discomfort, and psychological stress. Thus, older persons who are sick and do not have adequate means of achieving or improving their health status tend to manifest feelings of alienation; also, persons of lower socio-economic status have limited access to the ways and means of achieving many of the dominant American values, such as standard or level of living, physical health, mental health, and income, just to name a few.

Many studies have indicated that the frequency of chronic illness, in addition to senescent changes, increases in the later years of life. As a consequence, it is apparent that the health status of persons over sixty-five has become a major social issue in American society.¹⁴¹ Furthermore, the perception of one's health status is a very important

indicator of the manner in which aged persons related to their social world.¹⁴²

Larson in his research for example, has found that self-assessment of health is one of the strongest single indicators of life satisfaction among older people.¹⁴³

Palmore and Luikart in their research also support the findings that self-assessment of health among elderly persons is an excellent indicator of life satisfaction.¹⁴⁴

Living arrangement has also been found to impact life satisfaction among the elderly. Many aged parents or non-parents are accustomed to maintaining their own homes independent of help from children or friends. Due to the problems of failing health, senility and fear of crime, many elderly persons are unable to live alone and are confronted with the problem of where to reside. Questions that are of paramount importance are: Should they live with their children? Should they retire to a nursing home? Should they relocate to an aged segregated retirement community? Should they try to hire someone to come into their home to help care for them? Should they allow boarders to rent from them in order to help defray the cost of living expenses? Obviously, there is no clear-cut solution to such problems. Stone, in a study of the older population of Thurston County, Washington, found respondents who were sharing homes with their children simply for the sake of convenience and who were able to contribute to the support of that family had fewer problems in adjustment to aging. Those individuals who were living with their children because of necessity had the most difficult problems. Health, finances and lonesomeness were the three most frequently mentioned problems of those persons who were unable to

maintain their own residence and were forced to live with adult children, relatives or others due largely to failing physical and/or mental health or because of economic difficulties.¹⁴⁵

The Bureau of the Census in their investigation of "Marital Status and Living Arrangement" found that since 1970, there has been more change in the living arrangements of the non-institutionalized population aged 75 and over than for persons 65 to 74 years. For the older elderly, the proportion living with relations (in families) declined from 64 percent in 1970 to 59 percent in 1983. Seven out of ten of the 5.8 million persons 75 and over in families in 1983 were husbands and wives maintaining their own families versus 6 of 10 in 1970. Forty percent maintained their own household alone or shared it with someone unrelated to them -- up from 34 percent in 1970.¹⁴⁶

The population 65 to 74 years old showed no change over the 13 year period (1970-1983) in the proportion living with relatives (72 percent in 1983 versus 73 in 1970).

Those living as husbands and wives grew only slightly from 58 percent to 62 percent. The 26 percent who lived alone or with non-relatives in 1983 showed no statistically significant change from the 23 percent in 1970.¹⁴⁷

Kutner, et. al., revealed that the death of friends, the inability to acquire close friends, widowhood, chronic illness of self or their spouse, unemployment, retirement, and the inability to develop social relationships are all factors that contribute to alienation. Kutner, et. al., conclude that there is a significant correlation between socioeconomic status and alienation.¹⁴⁸

Ellison, in his investigation of the relationship between the alienation of retired steelworkers and their will to live, studied a group of 108 retired men living in a working-class area of Pittsburgh, Pennsylvania. He found that: 1) the greater the social isolation, the less the will to live; 2) the greater the loss of function, the less the will to live; 3) the greater the normlessness, the less the will to live; 4) the poorer the health, the greater the social isolation; 5) the poorer the health, the greater the loss of function; and 6) the poorer the health, the greater the normlessness.¹⁴⁹

Miller suggested that the elderly may be excluded from various groups and activities because of their age, making them increasingly isolated.¹⁵⁰

Kent has emphatically pointed out that social alienation of the aged is the greatest problem of gerontology. Moreover, Kent further states that in its most extreme forms it leads to suicide, or its counterpart, social withdrawal.¹⁵¹ In other forms, it is perceived in hostility, aggression and depression. The formal institutional structure of our society offers little psychological support to the aged. This does not mean that all elderly persons are overwhelmed. Obviously, this is not the case. On the other hand, the informal structures of our society combined with the strength of character and personality built on several decades of living may for some aged compensate for lack of ideology favorable to aging. However, this factor certainly does not obviate the need for the development of social structures congenial to the aged.¹⁵²

The discussion of the review of literature on alienation of the aged firmly confirms the assumption that alienation among the elderly

does exist. The literature reviewed clearly reveals that personal isolation, normlessness, powerlessness and group isolation are forces that impact the aged community in particular. Moreover, the literature suggests that the aged who are most likely to feel alienated are those individuals who have poor health, lower incomes, unemployed, retired members of the working class, not engaged in social activities and have less support from family, relatives and friends.

Survey of Historical Literature on Alienation

The concept of alienation has also held a prominent position in classical sociological thought. The concern with alienation stems primarily from a basic concern with the responsiveness of society to its members needs. Moreover, social scientists have begun to view the problem of alienation as a major development in the American society.

Alienation is perceived as being related to personal dissatisfaction with particular structural elements of society, particularly the economic, social and political elements. This personal dissatisfaction has been defined in recent literature in terms of feelings or expressions by individuals of: powerlessness, meaninglessness, normlessness, social isolation and self-estrangement.

In terms of historical use of the concept of alienation, Marx believed that the history of mankind was one of increasing alienation.¹⁵³ Marx believed that as private property and the division of labor developed, man's labor would eventually lose its character as an expression of his powers and the products of his labor would stand opposed to him as a power that is independent of the producer. Thus, for Marx, man was perceived as being alienated from his labor, from the product of his labor and in a sense, from himself. Marx firmly believed

that capitalism was the tool that served these relations. The positive abolition of private property is thus for Marx the positive abolition of alienation and the return to man to his social life.¹⁵⁴

Emile Durkheim's famous study of suicide also contribute to our understanding of alienation.¹⁵⁵ Durkheim, for example, began with the popular theory that suicides are due to individual psychopathology. What Durkheim wanted to do was to show his academic competitors (psychologist) that social factors are a separate and more important level of explanation. Briefly, Durkheim was opposed to psychological reductionism which basically saw events only through the actions of individuals instead of penetrating to the social conditions that moved the individuals.¹⁵⁶

Durkheim believed that society is what gives meaning to the individual. Moreover, he believed that social integration and social anomie have important effects upon the individual's behavior. Durkheim argues that in contemporary civilization the exceptionally high number of voluntary deaths manifest a state of deep disturbance from which civilized societies may suffer and bear witness to its severity. Thus, the currents of depression and disillusionment emanate from no particular individual but rather they express society's state of disintegration which eventually impacts the individual.¹⁵⁷

Simmel blames metropolitan life for the progressive fragmentation of the individual self into routinized roles, the blunting of recognition of others and one's own self. Simmel views metropolis as the culture of the mind, not the heart. For Simmel, the phenomenon of community, on the one hand and alienation on the other, are but two poles of man's eternal identity.¹⁵⁸

Blauner employs a multi-dimensional concept of alienation in his discussion of Alienation and Freedom in order to demonstrate the uneven distribution of alienation among factory workers in American industries.¹⁵⁹

According to Blauner, alienation is a general syndrome made up of a number of different objective conditions and subjective feeling states which emerge from certain relationships between workers and the socio-technical settings of employment.¹⁶⁰ Alienation exists when workers are unable to control their immediate work processes and/or develop a sense of purpose and function which connects their jobs to the over-all organization of production.¹⁶¹ Blauner maintains that technology, work organization and social structure facilitates the various subtypes of alienation: powerlessness, meaninglessness, isolation and self-estrangement.¹⁶²

Powerlessness occurs when an individual is controlled and manipulated by other persons or an impersonal system (e.g., technology), and when he cannot assert himself/herself as a subject to change or modify this domination. Like an object, the powerless person reacts rather than acts. The non-alienated state of powerlessness is the state of freedom and control.¹⁶³

Meaninglessness alienation reflects a split between the part and the whole.¹⁶⁴ For example, complex organizations tend to encourage feelings of meaninglessness. That is, as the division of labor increases in complexity in large-scale organizations, individual roles may seem to lack organic connection with the whole structure of roles and the result is that the employee may lack understanding of the coordinated activity and a sense of purpose in his work.¹⁶⁵ The non-alienated state is understanding of a life-plan or an organization's total functioning and

activity which is purposeful rather than meaninglessness.¹⁶⁶

The third subtype of alienation is isolation. Isolation results from a fragmentation of the individual social components of human behavior and motivation.¹⁶⁷ Isolation suggests the idea of general societal alienation, the feeling of being in, but not of society, a sense of remoteness from the larger social order, and absence of loyalties to intermediate collectivities.¹⁶⁸ The non-alienated opposite of isolation is a sense of belonging and having membership in society or in specific communities which are integrated through the sharing of a normative system.¹⁶⁹

The fourth and final subtype of alienation is self-estrangement. Self-estrangement refers to the fact that the worker may become alienated from his inner self in the activity of work.¹⁷⁰ This is true when an individual lacks control over the work process and a sense of purposeful connection to the work enterprise, thus, he may experience a kind of depersonalized detachment rather than an involvement or engrossment in the job tasks. Moreover, when work encourages self-estrangement it does not express the unique abilities, potentialities, creativity or personality of the worker.¹⁷¹ Obviously, a definite consequence of self-estrangement may be boredom or absence of personal growth.¹⁷²

Thus, activity which is not self-estranged but self-expressive or self-actualizing is characterized by involvement.¹⁷³ Consequently, feelings of self-worth and self-esteem are seen as factors that contribute positively to the personal growth and development of man.

It is apparent that both the historical and the contemporary treatment of alienation make the assumption that alienation is produced by social structure, that is, the relationship of man to his social

environment as well as to the social and psychological consequences.

Earlier attempts were made by scholars who sought to determine the origin, nature and consequences of a major sociological phenomenon, alienation. These earlier efforts made by researchers have provided great insights into the "Factors that Influence Alienation Among the Aged participants of the Council on Aging Senior Centers."

FOOTNOTES

CHAPTER II

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CHAPTER III

THEORETICAL FRAMEWORK

The theoretical perspective selected for the study is referred to as role structural theory. There is a wealth of literature that supports the significance of social roles in adjustment to old age. Maddox asserts that implicit in the theoretical orientation of most of the research on aging is the assumption that the social self emerges and is sustained in a most basic way through interaction with other individuals. Thus, structural constraints which limit or deny interaction with others and the environment tend to be demoralizing as well as alienating.¹ Thus, the aged individual's changing roles, statuses, role relationships and social activity participation are important aspects regarding integration or alienation of elderly individuals. Thus, this particular aspect of sociological theory (role theory) is apparently central to understanding the elderly population which is very susceptible to major role changes. The removal of the elderly from a role which society considers them no longer capable of filling results in the suffering of a great social loss - especially the loss of occupational identity and of a primary status - bearing and functional role in society.² Moreover, occupational status serves as a base for social relationships and when these social relationships are terminated, feelings of loneliness and isolation may become very much a part of daily existence for many of the aged. Also, work affords the individual with a source of contacts with persons, objects, and ideas. It is a market place where the individual's store of life-experience is enriched through interaction and social participation with the world

about him and where he receives new ideas, expresses his own ideas, and modifies his conception of the world and of himself in relation to it.³ Roles then are crucial elements that have a great impact upon our social well being. Friedman and Havighurst state that the occupational role provides: a meaningful group and social situation in which to develop a culturally approved and personally acceptable self-concept, an identity with an accompanying rationale for performance in other social situations, a position in the social system at large, the criteria for the evaluation of status and role, and the context within which social activity can be interpreted.⁴

The terms "role" and "status" are frequently used in sociological research related to the aging process.⁵ Ralph Linton, a distinguished anthropologist, defined status as a "position in a particular pattern," and stated that a role represents the dynamic aspects of a status. The individual is socially assigned to a status and occupies it with relation to other statuses. When he puts the rights and duties which constitute the status into effect, he is performing a role. Role and status are quite inseparable; there are no roles without statuses or statuses without roles. Roles involve several related tasks. They define the mode of participation of the individual in a social system.⁶ The essence of the meaning of "system" has been noted by Berrien, who states that, "A system is defined as a set of components interacting with each other and a boundary which possesses the property of filtering both the kind and rate of flow of inputs and outputs to and from the system." The structure of a thing determines its functions and, hence, the structural definition takes primacy over

the functional definition. Without structure function is impossible.⁷

Bertrand states that the prerequisite for a concrete social system is that two or more people engage in interaction directed toward attaining a goal and guided by patterns of structured and shared symbols and expectations.⁸ Moreover, Bertrand recognizes these basic elements as supportive structures in all social systems. The smallest unit of social structure is the norm. A norm is defined as required or acceptable behavior for a given interactional situation. Norms provide standards for behaving or standards for judging behavior. They are rooted in the culture structure, where values and interest have their origin, and are required through a period of socialization. The second structural unit of a social system are roles. Roles are made up of related norms all of which are dedicated to the same function. Roles are supportive of social institutions such as the family. Williams has pointed out that no social system can survive (maintain equilibrium) unless the persons who compose it can be institutionally placed ("positioned") in relation to one another.⁹ Bertrand observes that a person can occupy more than one status position at a time, and that a given status position is linked by means of reciprocally or conjunctively reflexive role relationships.¹⁰

Status positions are said to be ascribed or achieved. Ascribed status means:

...that the individual has little or no control over a particular status-position to which he is assigned. Such would be true of one's sex related status positions, one's race positions and one's age and caste positions.¹¹

Arnold Van Gennep long ago identified three elements found in rites of passage, those ceremonies that accompany culturally significant

turning points in the life cycle.¹² Symbolically represented in these rites are: incorporation into a new status, transition from one another, and phases of separation from an earlier status.¹³

One of the important variables related to the movement upon one status to another status is anticipatory socialization. Anticipatory socialization refers to the experience which the individual actor has in one group or system that preconditions him for occupying a second status which may or may not be in the same social system as the first.¹⁴ Theoretically, the anticipatory socialization process enables the individual to make a smoother adjustment to a new status. The concept of "anticipatory socialization" as formulated by Merton and Rossi is clearly a concept pertinent to roles since it refers to those changes in attitudes or behavior that precede actual entrances of people into new groups or collectivities.¹⁵ What is implicit in their formulation is that role changes not only involves the entrance of a new role but it also involves the moving away from or push from an old role.

Bertrand suggests that there are various classes of anticipatory socialization. One class of statuses are age-related which involves stages of changing prestige and socialization is directed toward preparing the individual for the new roles he will have to play. Bertrand further states that anticipatory socialization is manifested in several ways. One is role-rehearsal in which the individual practices for future roles and the second way in which individuals are provided an opportunity to learn how to behave in anticipated statuses is observing appropriate models. When these aspects of anticipatory socialization are overlooked, the requirements for a given position

are likely to be misconstrued. When this occurs, it is likely that the socialization process will be dysfunctional to the person or persons in transition.¹⁶

Parsons states that the alienative or withdrawing tendencies of the aged are the most directly dangerous to the stability of a social system, since they attack the most fundamental requirement of socialization. Moreover, Parsons has given a systematic statement both of the sources of needs disposing the actor toward alienation and withdrawal, in relation to underlying needs of security, and of the sources of more "aggressive" deviance, in relation to underlying needs for adequacy.¹⁷ Thus, such behavior throws much light on the processes of social-adjustment to stress and strain during the later years of life.

Cavan has enumerated ten role changes incumbent upon the aged population and they are: 1) adjustment to the increased probability of illness and impending death; 2) retirement from full-time employment; 3) withdrawal from active community and organizational leadership; 4) breaking up of marriage through the death of one's mate; 5) loss of independent household; 6) loss of interest in distant goals and plans; 7) acceptance of dependence upon others for support or advice and management of funds; 8) acceptance of a subordinate position to adult offspring; 9) membership in groups comprised of old people; and 10) acceptance of planning in terms of immediate goals.¹⁸ Cavan further suggests that these role changes may be classified under two broad categories: the relinquishment of social relationships and roles typical of adulthood, and second, the acceptance of social relationships and roles typical of the later years.¹⁹

Cavan's role changes further illuminates two previously discussed gerontological theories: disengagement theory and the activity theory which are implied in her enumerations. Recall that the central position taken by disengagement theorists is that as a person ages there is a gradual withdrawal from society by surrendering certain social roles. This process is seen as inevitable in which social relationships are severed. In view of advancing age, the individual then becomes pre-occupied with the inevitability of death. The path to preparing for death is simply to withdraw from active or meaningful social roles.

Arnold Rose lists three important paths to adjustment to a new aged status: 1) there are those who continue the same roles into the new aged status, that is, there is no alteration of roles; 2) there are those who establish a new role complex within the fold of an aging subculture, i.e., the individual involves himself in activities related to the aged; 3) there are those who will not remain active but disengage and become isolated from all cultural patterns and all associations except those of family.²⁰

Thus, the manner in which an aged person is able to cope with the stresses and strains of role change, role loss, status change or status loss will in large measure be determined by his total socialization experiences. Such key variables as family background, education, race, health, income and the level of participation or interaction in social groups and organizations serve as important tools in attempting to understand the dynamics of the aging process. As previously indicated there are many variations in individual responses to their aged status. For the aged person who is unable to substitute new roles as deemed

necessary or to restructure past orientations and normative expectations then a logical consequence for this segment of the aged population is withdrawal, defensive behavior or alienation. As previously noted, Rose clearly suggests that the crucial issue for the aged is not simply that they have an inferior status, but that they lose status as a consequence of aging. The real essence of the aging problem when concerned with roles is the socialization to the loss of the status. Writing in this same vein, Simpson stated that some individuals find role substitution as being a rewarding experience and make the transition with a minimum of stress. There are others who experience deep personal anxiety and frustrations and in some cases, there are those who will not be able to locate or develop meaningful activities or roles in later life.²¹

Older people who respond to role loss such as retirement by invoking psychological defense mechanisms, i.e., retreating into the past by illness, denying the need for sociability, tend only to reinforce their inactivity as well as alienation. Those who are able to deepen their involvement in social roles and who make efforts to find new ones are more likely to sustain integrity of identity, which is a significant correlate of high morale in old age as well as in earlier stages of life.²²

There are also certain social conditions that have been specified by a number of researchers as factors which increase or decrease the general relationships between activity and life satisfaction and therefore may account for social alienation among the aged.²³ These conditions are usually referred to as role losses or role changes; they include such phenomena as widowhood, living arrangement, death of family members

and friends, as well as the loss of previous social contacts as a consequence of not only death but through relocation. It has been pointed out that the presence of a role change is inversely related to morale and usually serves to decrease the strength of the relation between activity and life satisfaction.²⁴

Thus, there are significant consequences for the aged individual who experiences loss of roles and group membership. Role loss is seen as leading to role ambiguity in old age. As previously noted, Arnold Rose has spoken of an emergent aged role or even an aged sub-culture in which distinctive behavioral norms and shared expectations crystallize. The crucial issue for the aged is not simply that they have an inferior status, but rather they lose status specifically as a consequence of aging. Hence, the real essence of the aging problem when concerned with roles are the consequences of role and status losses on changes for the social and psychological adjustment to aging status. One possible negative consequence is alienation.

Thus the above formulation suggests that the role structural theory provides a useful framework for understanding alienation among the aged individuals. The basic argument in this research study is that those individuals who are actively involved in participation in various social activities and who have a higher status will be less alienated than those individuals with lower social participation and lower status. The independent variables used in this study as indicators of roles and statuses are: RACE, EDUCATION, INCOME, HEALTH RATING, LIVING ARRANGEMENT, VOLUNTEER WORK and CHURCH WORK. The task of this investigation was to determine if these independent variables were significantly

related to four subtypes of alienation for the aged subjects of the study.

FOOTNOTES

CHAPTER III

¹G. L. Maddox, "Activity and Morale: A Longitudinal Study of Selected Elderly Subjects," Social Forces, 42:3 (1963), p. 195-204.

²Margaret Gordon, "Work and Patterns of Retirement," Aging and Leisure, ed. Robert W. Kleemeir, (New York: Oxford University Press, 1961), pp. 28-29.

³Eugene Friedman and Robert J. Havighurst, The Meaning of Work and Retirement (Chicago: University of Chicago Press, 1954), pp. 3-5.

⁴Ibid., pp. 3-5.

⁵Robert Williams, "Changing Status, Roles, and Relationships," Handbook of Social Gerontology, ed. Clark Tibbitt, (Chicago: University of Chicago Press, 1960), p. 264.

⁶Ralph Linton, The Study of Man (New York: Appleton Century - Crafts, 1936), pp. 113-115.

⁷Kenneth Berrien, General and Social Systems (New Brunswick: Rutgers University Press, 1968), pp. 14-16.

⁸Alvin Bertrand, Social Organization: A General Systems and Role Theory Perspective (Philadelphia: F. A. Davis Company, 1972), p. 34.

⁹Williams, "Changing Status, Roles, and Relationships," pp. 264-265.

¹⁰Bertrand, Social Organization: A General Systems and Role Theory Perspective, p. 34.

¹¹Bertrand, Social Organization: A General Systems and Role Theory Perspective, p. 34.

¹²Arnold Van Gennep, The Rites of Passage, trans. Monika Meizedom and Gabrielle Coffey, (Chicago: The University of Chicago Press, 1960), p. 3.

¹³Ibid., p. 3

¹⁴Bertrand, Social Organization: A General Systems and Role Theory Perspective, p. 88

¹⁵Robert K. Merton and Alice K. Rossi, "Contributions to the Theory of Reference Group Behavior," Social Theory and Social Structure, ed. Robert K. Merton, (Glencoe: Free Press, 1957), pp. 225-280.

¹⁶Bertrand, Social Organization: A General Systems and Role Theory Perspective, p. 88.

¹⁷Talcott Parsons, The Social System (Glencoe: Free Press, 1951), p. 255.

¹⁸Ruth S. Cavan, "Self and Role in Adjustment During Old Age," Gerontology: A Book of Readings, ed. Clyde B. Wedder, (Springfield: Charles C. Thomas, 1963), pp. 122-130.

¹⁹Ibid., pp. 122-131.

²⁰Arnold Rose, Older People and Their Social Worlds (Philadelphia: F. A. Davis Co., 1965), p. 9.

²¹Ida Simpson, Social Aspects of Aging (Durham: Duke University Press, 1966), p. 5.

²²Zena Blau, Aging in a Changing Society (New York: Franklin Watts Press, 1973), p. 203.

²³B. S. Phillips, "A Role Theory Approach to Adjustment in Old Age," American Sociological Review, 22, 1957, pp. 212-217.

²⁴Maddox, "Activity and Morale: A Longitudinal Study of Selected Elderly Subjects," pp. 195-196.

CHAPTER IV

METHODOLOGICAL PROCEDURES

Introduction

Despite the criticisms surrounding the alienation scales, researchers continue to use these scales in an attempt to further understand the variants of alienation. The subscales were developed in an effort to measure the degree of powerlessness, normlessness and social isolation exhibited by the elderly in the sample studied.

One of the pioneers in the definition and measurement of the variants of alienation was Seeman. He (Seeman) has also worked with other authors in the development of subscales to measure these variants (e.g., Neal¹ and Ransford²). For a sampling of other researchers who have used Seeman's definition of alienation as a part of their research, refer to: Bean, Bonjean and Burton,³ Simpson⁴ and Kohn.⁵ Srole's interest in anomie led him to further expand Durkheim's theory of anomie and proposed the term "anomia" to designate an anomic state of the individual. Srole later developed an attitude type scale which has been taken as a psychological measurement of "anomie" as subjectively experienced and reflected in personal beliefs, perceptions, or orientations of the individual.⁶ This scale is known as the Srole anomia scale and is also referred to as an index of alienation.⁷ The Srole scale is also viewed as measuring powerlessness.⁸ This concept (previously stated) refers to the expectancy or probability held by the individual that his own behavior cannot determine the occurrence of outcomes he seeks (Seeman 1959). Also, Neal and Rettig used subscales to measure

powerlessness, normlessness and social isolation.⁹

The subscales were selected for use in measuring alienation in accordance with Seeman's definition of alienation.

For the purposes of this study, the variant isolation was decomposed into personal isolation and group isolation (please refer to the previous discussion on the definition of alienation).

The purpose of this chapter is to describe the methodological procedure used in this study. This chapter has been subdivided into seven areas. These areas include: (1) description of the sampling area, (2) description of the Council on Aging and the sampling procedure, (3) the personal interview schedule, (4) the alienation instrument, (5) the dependent and independent variables used in the study, (6) hypotheses to be tested and (7) treatment of the data.

I. Description of the Sampling Area

Baton Rouge is the capital of the State of Louisiana. It is located on the east bank of the Mississippi River and is eighty miles north of new Orleans.

East Baton Rouge Parish includes the capital city, Baton Rouge, and the surrounding communities and small towns of Scotlandville, Zachary, Baker and Chaneyville. The total population of East Baton Rouge Parish is 366,191.¹⁰ Of this total population 6.9 percent are aged 65 and over.¹¹

II. Description of the Sampling Procedure

The sample for this study was drawn from a list of elderly persons, 65 years of age and older which was provided by the East Baton Rouge Parish Council on Aging, located in the City of Baton Rouge, Louisiana. The sample for this study included only those elderly individuals who

resided in East Baton Rouge Parish.

The Council on Aging is a social service agency supported by federal and state funding. It is specifically designed to provide social services to aged persons. The underlying objective of the agency is to help prevent the deterioration of those persons who are unable to meet their physical, (health) social and economic needs. The length of time the service is given depends on the individual; that is, it may be temporary or it may be long term.

The Council on Aging operates fifteen multi-service centers which are geographically located throughout the parish in accordance with federal guidelines which stipulate that the centers must represent high density aged population areas.

This study includes aged persons from all fifteen centers. A 20 percent random sample of persons sixty-five years of age and over was drawn from each center with the aid of a table of random numbers. This process simply involved numbering the list of names from each center and then selecting at random individual respondents from the study. Random replacements were made when necessary. The 20 percent sample from each of the 15 centers resulted in a total of 200 respondents for the study sample (Table 1).

Thus, the unit of observation for this study is East Baton Rouge Parish. The unit of analysis is the elderly.

III. The Personal Interview Schedule

The data were collected by the personal interview technique with the aid of an interview questionnaire in the Fall of 1984 and Spring of 1985. The interviews were conducted by the researcher and one other professionally trained person.

Each of the personal interviews was conducted in the privacy of the interviewee's home or in a private room or area of the service center. Each of the interviews lasted approximately twenty minutes to one hour.

The researcher would like to point out that due to the nature of the population being studied, some unique problems were encountered, such as: hearing, speech (articulation) and comprehension of the various questions. In view of these special problems, every attempt was made to keep the interview highly focused, structured, simple and clear in order to further insure continuity in verbalization from the aged respondent.

The personal interview schedule was selected in order to acquire a more complete picture of the adjustment problems of the aged individuals. Moreover, the personal interview allows for a face-to-face encounter with the interviewee which permits the interviewer to probe information pertinent to the investigation as well as to make relevant comments pertaining to the problems of the aged.

Due to the age of the respondent, the interviewer can clarify questions if there are misunderstandings of particular questions asked by the interviewer. Moreover, observations can be made regarding the quality of the living environment, the general reactions to the questions being asked and the respondent's capacity to understand questions asked. The writer firmly believes that these observations provide researchers with valuable insights into understanding how to further address the problems of the elderly persons. Moreover, such knowledge could provide invaluable insights into the mental health of the aged, an area of study that has largely been unexplored.

IV. The Alienation Instrument

There are many scales that are designed to measure alienation

among a diversity of social groups such as minority groups, youth and workers, to name a few.

The alienation scale used in this study is especially suited for this research in that it takes into account empirical referents of attitudinal and behavioral characteristics of aged respondents.

The instrument used to measure alienation consists of 18 items which were originally constructed or revised from existing scales including Dean's Alienation Scale, Srole's Anomia and Streuning and Richardson's Scale. Special attention was given to the validation of the instrument through selecting items pertaining to conditions of the aged by establishing congruence between sub-types of alienation and empirical referents and by taking into consideration how each of the sub-types relate to the social condition(s) of the aged. A test of item validity and scale multidimensionality was conducted by factor analyzing the items of the scale. This process yielded four factors which represented four distinct but related sub-types of alienation: group isolation, powerlessness, normlessness and personal isolation. The selection of these factors was guided by two justifications: (1) the size of the factor loadings of the items on each factor which contained a common theoretical meaning and were indicative of similar empirical referents pertaining to alienation of the aged.¹²

The present researcher also performed a test of reliability and validity on the alienation instrument in addition to the previous test conducted by the developer of the instrument.

First, the coefficient of alpha test was conducted in order to determine if the alienation instrument was a reliable instrument.

Reliability is concerned with the soundness and consistency of a

measure. Reliability of a measure is defined in terms of consistency and stability. Synonyms for reliability are: dependability, stability, consistency, predictability and accuracy.¹³ For example, a reliable person is a person whose behavior is consistent, dependable, and predictable - what the individual will do tomorrow and next week will be consistent with what he/she does today and what he/she has done last week.¹⁴

Coefficient alpha, the value Σpq is replaced by $\Sigma \sigma^2 i$, the sum of the variances of item scores.¹⁵ The procedure is to find the variance across all items.¹⁶ The complete formula for coefficient alpha is given below:¹⁷

$$r_{11} = \left(\frac{n}{n-1} \right) \frac{\sigma^2 t - \Sigma \sigma^2 i}{\sigma^2 t}$$

The coefficient alpha for each of the alienation subtypes fell within the range of acceptance.¹⁸ That is, for the subtype personal isolation, alpha was = 0.5918; group isolation, alpha was computed at 0.5731; powerlessness, alpha = 0.7403 and normlessness, alpha was computed at 0.4288 (Table 2).

In order to test the validity of the alienation instrument, the researcher used the principal component factor analysis techniques. This mode of factorization has been found to produce theoretically relevant and interpretable factors.¹⁹ The principal component analysis locates the linear combination of variables that accounts for the most initial variance among the variables in the data.

For this study, the orthogonal rotation by a normalized varimax solution was selected. The reason is both elementary and convincing. The varimax procedure provides the researcher with clear and highly

interpretable factor dimensions. This process of factor analysis may be visualized as a number of perpendicular axes extending into multidimensional space.²⁰

Once the various factorial dimensions were extracted, each was carefully inspected to note any differences between the present researcher's test of validity and the former test of validity performed by the developer of the alienation instrument. The inspection yielded no difference among the variables that comprised each of the subtypes. Thus, the factorial dimensions were labeled descriptively. Descriptive labeling simply involves selecting a concept which will reflect or reveal the nature of the phenomenon that is under investigation.²¹ The four alienation subtypes used in this study were previously named and the present researcher will continue to employ the same names for the subtypes.

Each of the rotated factor matrixes for each of the subtypes proved themselves as being valid measures as evidenced by the various scores located within each of the factor dimensions. The range of scores were from a high of .79375 to .39571 (see Table 3 for a complete picture of the contribution that each attitudinal item contributed to the subtype).

The writer believes that by performing the factor analytic technique on the measuring instrument, the validity of the instrument was therefore further enhanced. A table of correlation coefficients of independent variables has been included in the appendix (Table 4).²² This table is intended to provide the reader with a knowledge base of the linear relationship that exists between the independent variables selected for study: RACE, EDUCATION, LIVING ARRANGEMENT, CHURCH WORK, VOLUNTEER WORK, HEALTH RATING AND INCOME.

V. Dependent Variable

The dependent variable in this study is alienation of the elderly. A four-point, multi-item likert-type scale was used to measure alienation among the aged. Each item consisted of four levels: (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree.

The concept alienation as used in this study includes four subtypes: GROUP ISOLATION, PERSONAL ISOLATION, POWERLESSNESS AND NORMLESSNESS. Group isolation is believed to occur when the elderly person experiences a feeling of rejection by ones group, friends and a feeling of being cut off from commonly accepted group norms. The individual typically thinks of himself as being useless. Personal isolation suggest a feeling of loneliness experienced by the aged individual. Powerlessness suggests the aged individual has lost his capacity to influence decisions and also believe that he/she is no longer in control of his/her destiny. Normlessness suggests that the aged individual is uncertain of what is expected of him/her as well as how he/she is expected to act behaviorally in various situations.

Scale Range

The score ranges for personal isolation, group isolation, powerlessness and normlessness were operationalized as follows:

Personal Isolation:	4 - 16
Powerlessness:	4 - 16
Normlessness:	4 - 16
Group Isolation:	6 - 24

As previously mentioned, a four-point multi-item scale was used to measure alienation among the aged. Each item consists of four ordinal levels for each subtype: (1) strongly disagree, (2) disagree,

(3) agree, and (4) strongly agree. It was assumed that the higher the score on the four-point scale, the higher the alienation. Scores for each respondent were computed for each subtype of alienation.

Independent Variables

1. Race: Race is defined in this study as being black or white.
2. Income: Income in this study will be considered as the current annual income received by the respondent. Income categories were as follows:
 - \$ 2,000 - 4,900
 - 5,000 - 7,900
 - 8,000 -10,900
 - 11,000 -13,900
 - 14,000 - and above
3. Health Rating: Health rating was used in this study in order to ascertain the respondents attitude toward his/her health. The respondent was asked to rate his/her health as: (1) poor, (2) fair, (3) good or (4) excellent.
4. Living Arrangement: Living arrangements was used in this study to determine if the various levels of living arrangements of the respondents had any significant impact upon ones psychological well-being. The various levels used were:
 - Live alone
 - Live with spouse and others
 - Live with spouse only
 - Live with relatives
 - Live with others
5. Social Activity: Social activity participation was referred to as the amount of participation in social activities, defined by three categories: (1) less time, (2) about the same, (3) more time. Two

categories of social activities were used: (1) church work and (2) volunteer work.

6. Education: Education was defined as the amount of schooling or education the respondent was able to obtain. Ten levels of education were developed: (0) some educational training at home, (1) never went to school, (2) some grade school (1-8), (3) some high school (9-12), (4) completed high school or equivalent, (5) some college or vocational school, beyond high school, (6) completed a vocational training program, beyond high school, (7) completed a 2 year college degree, (8) completed a 4 year college degree, (9) completed a graduate or professional degree.

VI. Hypotheses To Be Tested

Hypothesis 1: There will be a significant difference in alienation by race. Black respondents will be more alienated than white respondents.

Hypothesis 2: There will be a significant difference in alienation by levels of education. Respondents with less educational attainment will be more alienated than respondents with higher levels of education.

Hypothesis 3: There will be a significant difference in alienation by level of church work participation. Respondents who are engaged less in church work will be more alienated than respondents who are engaged more in church work.

Hypothesis 4: There will be a significant difference in alienation by living arrangement. Respondents who live alone will be more alienated than respondents who live with relatives or with spouse and other individuals.

Hypothesis 5: There will be a significant difference in alienation

tion by level of volunteer community work. Respondents who engage less in volunteer work will be more alienated than respondents who are engaged more in volunteer work since their retirement.

Hypothesis 6: There will be a significant difference in alienation by income. Respondents with lower incomes will be more alienated than respondents with higher incomes.

Hypothesis 7: There will be a significant difference in alienation by level of health rating. Respondents who have a lower health rating will be more alienated than respondents who have a good health rating.

VII. Treatment of the Data

The data for this study were analyzed by the use of the technique analysis of variance and multiple regression. First, the ANOVA technique was used because the data included both ordinal level and nominal level variables. Second, the dependent variable is assumed to be normally distributed in each of the groups and third, random sampling was used in order to select aged respondents for this study. Both the bivariate technique and the multivariate technique was used. The purpose of employing both the single variable (bivariate) and group model (multivariate) technique was to test for significant differences for each of the subtypes of alienation by the seven independent variables. A major focus of the analysis was to determine if the findings from the group model (multivariate) would support or refute the findings from the single variable model.

The second technique used was multiple regression analysis. This technique was used in order to assess the contribution to the variance in each of the alienation subtypes by each of the independent variables and second, to determine which of the independent variables were

the stronger predictors of each of the four dependent variables.

Since the independent variables race and living arrangement are nominal level variables, when operationalized in the multiple regression analysis, were used as dummy variables. These variables were used as predictors by scoring the independent variables as follows: race: 0 = black and 1 = white; living arrangement: 0 = live alone and 1 = others. The level of significance was set at the .05 level. The computer program used was SAS (statistical analysis system).

FOOTNOTES

CHAPTER IV

¹Arthur Neal and Melvin Seeman, "Organizations and Powerlessness: A Test of the Mediation Hypothesis", ASR, 29:2 (1964), pp. 216-226.

²Edward Ransford, "Isolation, Powerlessness, and Violence: A Study of Attitudes and Participation in the Watts Riot", AJS, 73:5 (1968), pp. 581-591.

³Frank Bean, Charles Bonjean and Michael Burton, "Intergenerational Occupational Mobility and Alienation", Social Forces, 52:1 (1973), pp. 62-73.

⁴Miles, Simpson, "Social Mobility, Normlessness and Powerlessness in Two Cultural Contexts", ASR, 35:6 (1970), pp. 1002-1013.

⁵Melvin Kahn, "Occupational Structure and Powerlessness", AJS, 82:1 (1975), pp. 111-130.

⁶John Moland, "Differences in Perceptions of Anomia Among Rural Blacks and Whites in Louisiana", Journal of Social and Behavioral Sciences, 24:2 (1978), p. 73.

⁷Ibid.

⁸Ibid.

⁹Arthur Neal and Solomon Rettig, "Dimensions of Alienation Among Manual Workers", ASR, 28:4 (1963), pp. 599-608.

¹⁰U. S. Bureau of the Census, General Characteristics of Louisiana, 1982: Population, 2, pp. 20-156.

¹¹Ibid., pp. 20-156.

¹²The Alienation scale was developed and tested by Dr. Thomas Durant and associates especially for aged persons.

¹³Fred Kerlinger, "Reliability", Foundation of Behavioral Research (New York: Holt, Rinehart and Winston, Inc., 1973), p. 442.

¹⁴Ibid., p. 442.

¹⁵ Anne Anastasi, "Reliability", Psychological Testing, (New York: Macmillan Publishing Co., 1976).

¹⁶ Ibid., p. 118.

¹⁷ Ibid., p. 118.

¹⁸ Lee J. Cronbach, Essentials of Psychological Testing (New York: Harper and Row, 1970), pp. 156-168.

¹⁹ Alfred A. Hunter, "Factorial Ecology: A Critique and Some Suggestions", Demography, 9: (1972) pp. 107-117.

²⁰ R. J. Rummel, "Understanding Factor Analysis", Journal of Conflict Resolution, 11: (1967), pp. 444-480.

²¹ Ibid., p. 471.

²² Note that some of the independent variables are nominal level variables. This means that the correlation for these variables are not fully valid or interpretable.

CHAPTER V
DISCUSSION OF FINDINGS

I. Introductory Statement

This section includes baseline information to provide a description of the sample respondents for this study.

The aged persons included in the sample for this study were sixty-five years of age and older. The sample was comprised of both black and white respondents. Blacks represented 56.0 percent of the sample (N = 112) and the whites represented 44.0 percent of the sample (N = 88).

The median age of the respondents for the sample was 75 years of age. The age of the respondents ranged from sixty-five to ninety-eight. All of the respondents for this study resided in East Baton Rouge Parish and were affiliated with the Council on Aging, a human service organization designed specifically to assist in meeting the social and economic needs of elderly people.

All of the respondents (N = 200) interviewed for this study were ambulatory. That is, the respondents were able to move about.

Low educational attainment was a serious problem among the aged respondents of this study - 42 percent of the respondents (N = 85) received some grade school training, 12 percent (N = 25) had completed high school and 8.5 percent (N = 17) had received a 4 year college degree. Respondents who were able to complete a graduate or professional degree comprised 3.0 percent (N = 7) of the sample.

The elderly persons interviewed for this study were confronted with the problem of inadequate financial resources in order

to provide for their daily needs. Of the 200 respondents, 36.5 percent (N = 73) had annual incomes of \$2,000 - \$4,900 and 35 percent (N = 70) had incomes of \$5,000 - \$7,900 annually. Obviously, most of the aged respondents were not prepared financially to meet their own personal needs. This fact becomes important when considering the variable health rating and its influence on the elderly persons of this study.

Many of the respondents reported being in fair and poor health. Forty percent of the respondents reported being in fair health (N = 81) and 13.0 percent reported being in poor health (N = 26). Only 15.0 percent of the sample respondents reported being in excellent health (N = 30) while 31.5 percent reported being in good health (N=63).

Elderly respondents who lived alone comprised 60.0 percent of the sample (N = 120). This category was the largest category reported by the respondents. The second largest category was reported by respondents who lived with their spouse only; this group represented 19.5 percent of the sample (N = 39). Respondents who lived with relatives comprised 15.5 percent of the sample (N = 31). Respondents who lived with spouse and others represented only 3.5 percent of the sample (N = 7) and those who lived with others represented only 1.5 percent of the sample (N = 3).

The aged persons of the sample were obviously lacking in status resources. That is, those individuals with lower education and lower income were highly represented in the sample. This fact reveals that the standard of living for many of the elderly respondents was sub-standard and that many lacked adequate economic resources to meet their basic common human needs.

Data Analysis

The analysis of the data for this study is presented in this section. The relationship of the four subtypes of alienation to each of the seven independent variables will be examined in both a single variable model and group model. The results of the group model will be compared with the findings from the single variable model.

II. THE RELATIONSHIP OF RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME AND HEALTH RATING TO ALIENATION: PERSONAL ISOLATION

PERSONAL ISOLATION

Hypothesis 1: There will be a significant difference in personal isolation by race. Black respondents will show more personal isolation than white respondents.

The scale for personal isolation ranged from a low of 4 to a high of 16. The analysis of variance test revealed significant differences in personal isolation by race ($F = 5.04$, $d.F. = 1$, $P < .05$) (Table 5). The average score for personal isolation for blacks was 9.01 ($N = 112$) while the average for whites was 8.25 ($N = 88$) (see Table 6).

When the independent variable race was entered in a group model to test for significant differences for personal isolation, the results of the test supported the findings from the single variable model ($F = 6.42$, $d.F. = 1$, $P < .05$) (Table 7).

For both the group model and single variable model, the independent variable race, for the subtype personal isolation was significant at the .05 level.

The hypothesis was supported by the data and is therefore

TABLE 5
ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
PERSONAL ISOLATION
(INDIVIDUAL MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
Race	1	28.38392857	5.04	0.0259*
Error	198	1115.49107143		
Education	9	59.17050796	1.16	0.3242
Error	190	1084.40449204		
Church Work	2	22.19433124	1.95	0.1452
Error	197	1121.68066876		
Living Arrangement	4	26.84389106	1.17	0.3246
Error	195	1117.03110894		
Volunteer Work	2	4.31363636	0.37	0.6892
Error	197	1139.56136364		
Income	4	63.41676908	2.77	0.0287*
Error	195	1082.45823092		
Health Rating	3	172.31184710	11.59	0.0001**
Error	196	971.56315290		

*P < .05

**P < .01

Total Degrees of Freedom = 199

Total Sums of Squares = 1143.87500000

TABLE 6

MEAN SCORES AND PERCENTAGES FOR
INDEPENDENT VARIABLES FOR THE SUBTYPE
PERSONAL ISOLATION
(SINGLE VARIABLE MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	9.0089	112	56.0	Black	1
	8.2500	88	44.0	White	2
TOTALS		N=200	100.0		
Education	9.5000	12	6.0	Never went to school	1
	9.3333	3	1.5	Completed 2 years College	7
	9.0000	2	1.0	At home school	0
	8.9882	85	42.5	Some grade school (1-8)	2
	8.8000	25	12.5	Completed 12 years or equivalent	4
	8.5000	4	2.0	Some college or vocational school	5
	8.3659	41	20.5	Some high school(9-12)	3
	8.2857	7	3.5	M.S., M.A. or professional	9
	8.2500	4	2.0	Post high school or vocational	6
	7.2353	17	8.5	B.A. or B.S.	8
TOTALS		N=200	100.0		
Church Work	9.4242	33	16.5	About the same	2
	8.5455	22	11.0	Less time	1
	8.5241	145	72.5	More time	3
TOTALS		N=200	100.0		
Living Arrangement	8.8917	120	60.0	Live Alone	1
	8.8065	31	15.5	Live with relative	4
	8.1538	39	19.5	Live with spouse only	2
	7.8571	7	3.5	Live with spouse and others	3
	7.3333	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 6 (Continued)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	8.8333	36	18.0	About the same	2
	8.7250	120	60.0	Less time	1
	8.4091	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	9.2329	73	36.5	\$2,000-\$4,900	1
	8.6714	70	35.0	\$5,000-\$7,900	2
	8.4118	17	8.5	\$11,000-\$13,900	4
	7.9677	31	15.5	\$8,000-\$10,900	3
	7.1111	9	4.5	\$14,000 - above	5
TOTALS		N=200	100.0		
Health Rating	9.8077	26	13.0	Poor	4
	9.3951	81	40.0	Fair	3
	8.0000	63	31.5	Good	2
	7.1667	30	15.0	Excellent	1
TOTALS		N=200	100.0		

TABLE 7
ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
PERSONAL ISOLATION
(GROUP MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
TOTAL	199	1143.87500000	3.39	0.0001**
Race	1	28.38392857	6.42	0.0121*
Education	9	59.47050796	1.50	0.1522
Church Work	2	22.19433124	2.51	0.0841
Living Arrangement	4	26.84389106	1.52	0.1988
Volunteer Work	2	4.31363636	0.49	0.6147
Income	4	61.41676908	3.47	0.0093**
Health Rating	3	172.31184710	13.00	0.0001**
Error	174	768.94008862		

*P<.05

**P<.01

TABLE 8
MEAN SCORES AND PERCENTAGES FOR
INDEPENDENT VARIABLES FOR THE SUBTYPE
PERSONAL ISOLATION
(GROUP MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	9.0089	112	56.0	Black	1
	8.2500	88	44.0	White	2
TOTALS		N=200	100.0		
Education	9.5000	12	6.0	Never went to school	1
	9.3333	3	1.5	Completed 2 years of college	7
	9.0000	2	1.0	At home training	10
	8.9882	85	42.5	Some grade school (1-8)	2
	8.8000	25	12.5	Completed 12 years or equivalent	4
	8.5000	4	2.0	Some college	5
	8.3659	41	20.5	Some high school (9-12)	3
	8.2857	7	3.5	M.S., M.A. or professional	9
	8.2500	4	2.0	Post high school or vocational	6
	7.2353	17	8.5	B.A. or B.S.	8
TOTALS		N=200	100.0		
Church Work	9.4242	33	16.5	About the same	2
	8.5455	22	11.0	Less time	1
	8.5241	145	72.5	More time	3
TOTALS		N=200	100.0		
Living Arrangement	8.8917	120	60.0	Live alone	1
	8.8065	31	15.5	Live with relatives	4
	8.1538	39	19.5	Live with spouse only	2
	7.8571	7	3.5	Live with spouse and others	3
	7.3333	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 8 (Continued)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	8.8333	36	18.0	About the same	2
	8.7250	120	60.0	Less time	1
	8.4091	44	22.0	More time	3
Totals		N=200	100.0		
Income	9.2329	73	36.5	\$2,000-\$4,900	1
	8.6714	70	35.0	\$5,000-\$7,900	2
	8.4118	17	8.5	\$11,000-\$13,900	4
	7.9677	31	15.5	\$8,000-\$10,900	3
	7.1111	9	4.5	\$14,000-above	5
Totals		N=200	100.0		
Health Rating	9.8079	26	13.0	Poor	4
	9.3951	81	40.5	Fair	3
	8.0000	63	31.5	Good	2
	7.1667	30	15.0	Excellent	1
TOTALS		N=200	100.0		

accepted at the .05 level of significance. A possible explanation for higher personal isolation among the black elderly respondents compared to the white elderly can be found in the lower socio-economic status and status resources among blacks due largely to institutional discrimination and limited opportunities. Many blacks received very little formal education and were forced to work in low-paying jobs in order to meet basic survival needs. Thus, the history of blacks Americans has been a history of discrimination and exploitation. In light of the above factors, it was reasonable to assume that blacks would be more alienated than the white respondents for the subtype personal isolation.

Hypothesis 2: There will be a significant difference in personal isolation by level of education. Respondents who receive less education will show more personal isolation than respondents with higher levels of educational attainment.

The second independent variable related to personal isolation was education. The analysis of variance test showed no significant differences in personal isolation by educational level (Table 5). The group model test for significant differences for personal isolation by education also revealed no significant differences (Table 7). The hypothesis for the subtype, personal isolation, was not supported by the data and is therefore rejected.

Personal isolation has been well documented in the literature as being one of the most difficult and least understood subtypes of alienation.¹ In order to explain the relationship of the independent variable education to personal isolation it is first necessary to

further understand the concept personal isolation. First, personal isolation is a manifestation of "self" and "self" in relationship to the social environment. The self is an organized repository of memories, feelings, and motives. Moreover, the "self" is a dynamic system which functions to reserve the integrity and psychological well being of the person.² Personal isolation is a depression of feelings, thoughts and actions. Thus, the individual who seeks to personally alienate himself/herself is unconsciously protecting one's ego which for various reasons has come to feel too weak, impotent and helpless,³ a reflection of the dissatisfaction one has with life.

Secondly, structural changes wrought by capitalism, industrialism and bureaucracy have greatly modified the nature of human existence.⁴ The true locus of these gradual sociological processes lies not only with the social system or social structure but lies deep within the core of the individual in terms of how these personal and structural changes over time will impact the psychological well-being of the individual.

Trust (as well as reciprocity and commitment) is a binding ingredient of a social order. But when the binding ingredient(s) is perceived as having broken down, (e.g., norms) then despair, loneliness, apathy and dissatisfaction with life may in fact dominate the emotional climate of the aged person.⁵

The American society has become increasingly volunteeristic, in that social engagement - that is, entrance into social relations and social roles - requires individual initiative. Certainly events such as the death of a husband (60 percent of the sample were widowed (N = 121), dispersion of the extended family and even of offspring, change in

residence, dropping of clubs, etc. contribute to gradual disengagement on the part of aged persons who do not have the personal resources or personal motivation to re-engage and create a new support network or restructure the prior one.⁶ Personal resources are required of the aged person who would like to re-engage. The resources needed are money, health, self-confidence and of course familiarity with the world outside of one's private territorial domain. Unfortunately, many aged persons (especially women) do not have these personal resources to move into new and swinging life styles upon widowhood. One of the major conclusions of a study of role modification of older widows conducted in Metropolitan Chicago in the 1970's is that the more education a woman has and the more middle class her life style she and her husband had created when he was living, the more disorganized her life becomes when he dies; but on the other hand, the more personal resources she has to rebuild her identity and life once the grief is over.⁷

Obviously, education is an important status resource variable which has the capacity to predict the life style of widowed aged persons and aged persons regardless of marital status.

Briefly inspecting the mean personal isolation scores for education (Table 6) reveals that the scores ranged from 9.50 (N = 12) for respondents who never went to school to 7.24 (N = 17) for those who received an undergraduate degree. These mean scores indicate that personal isolation was distributed similarly throughout the various levels. That is, the response levels were not statistically different from each other. Moreover, these personal isolation scores

suggest that personal isolation is a manifestation occurring at all educational levels. The writer believes that the data has revealed that we are "tapping" a serious indicator of psychopathology among elderly persons. If indeed we are "tapping" unexplored territory, then the question of central importance to this subtype is what types of effective treatment modalities can be effectively implemented in (for example) nursing homes, penal institutions and psychiatric and geriatric hospitals to assist in meeting the psychological needs of the elderly?

Many of the respondents verbalized a great fear of crime. (See questionnaire in appendix) 70 respondents (35.0) reported that they had a great fear of crime. Obviously, one's fear of crime would contribute to one's feeling of dissatisfaction with life and social environment. Respondents also reported (36.5 percent) that they had a fear of a major illness. Money ranked third as the greatest fear among the respondents (N = 23) (11.0 percent).

In view of the above discussion, it is the opinion of the writer that all of these factors have contributed to the loneliness and dissatisfaction that was obviously experienced by the aged in this sample.

The data provided here for personal isolation by education empirically confirms the deep mistrust and sense of futility, loneliness, despair and dissatisfaction that permeates the aged respondents of this sample. They are largely victims of fear.

Thus, level of educational attainment was revealed as being not statistically significant for the personal isolation subtype.

Hypothesis 3: There will be a significant difference in personal isolation by the various response levels of church work participation. Respondents who are less active in church work will experience more personal isolation than respondents who are more active in church work.

When the independent variable church work participation was entered into the single variable model, the analysis of variance test revealed no significant differences among the various response levels (Table 5).

Using the more powerful multivariate model, the independent variable church work participation was subjected to the test for significant differences; the results showed that church work participation was not significantly related to personal isolation when other variables in the model were controlled (Table 6). The results of the multivariate model confirmed the findings of the single variable model. Thus, the hypothesis was not supported by the data.

The data has revealed in this study that the aged respondents were from the lower socio-economic strata. Incomes ranging from \$2,000 to \$4,900 represented the largest category of respondents. The second highest income category ranged from \$5,000 to \$7,000 (Table 6). This fact may suggest that due to the low or poverty level income of most of the elderly respondents many could not provide or afford the transportation necessary in order to participate in various church activities. Moreover, if elderly persons cannot afford to provide for their personal transportation, it usually means that the aged person has to depend upon others for service delivery. An important question for many of

the elderly is "how reliable will he/she be in providing me with transportation?" and " what will be the expected level of reciprocity for having received the transportation service provided by the individual?"

A second factor that is probably contributing to the results of the data is that the respondents were generally in poor or fair health. Obviously, these factors would come between "wanting" to participate in church work activity and being physically and economically able to participate in church work activity.

Examining the mean personal isolation scores, it is apparent that the average scores were not statistically different for the various levels. What this actually means is that personal isolation by church work was distributed evenly throughout the various groups with no particular level being statistically different (Table 6).

Transportation (as evidenced in the literature) is one of the major problems among the elderly. A lack of transportation restricts one's life-space, limits contacts and activities with others, and makes goods and services very difficult, if not impossible to obtain. Lack of transportation plagues a large percentage of older people.⁸

Transportation problems of the elderly originate mainly from these interrelated factors: (1) low incomes and thus, the aged person cannot afford the cost of transportation; (2) the transportation system in our society is dominated by privately owned and operated automobiles; (3) physical limitations and design barriers inhibit many elderly from driving and using public transportation; (4) many older people live

in areas, both urban and rural, where transportation systems are inadequate or nonexistent.⁹

Finally, transportation costs are sufficiently high to represent the third largest item in the elderly family's budget after housing and food.¹⁰

Obviously, income is related to automobile ownership at all ages. But the relationship is more acute for the elderly due to their higher proportion of low incomes. Why? The cost of buying, operating and maintaining an automobile has skyrocketed in recent years, thus, more and more elderly simply cannot afford a car.¹¹

Thus, the independent variable church work participation for the subtype personal isolation was not revealed as being statistically significant. It is the opinion of the writer in the aforementioned discussion that the factors income, health, and transportation were areas that probably contributed to the findings reported for church participation.

Hypothesis 4: There will be a significant difference in personal isolation by living arrangement. Respondents who live alone will experience more personal isolation than respondents who live with relatives, spouse or other individuals.

The test for significant differences for personal isolation by living arrangement revealed no significant differences when tested in the single variable (bivariate) model (Table 5). This same independent variable, living arrangement was entered in a group model

to further test for significant differences for personal isolation. The results of the test supported the findings from the single variable (bivariate) model (Table 7).

For both the single variable model and the group model, the variable living arrangement did not significantly influence personal isolation. Thus, the hypothesis was rejected.

Briefly examining the distribution of mean personal isolation scores (Table 6) for the independent variable, "living arrangement," we find that those elderly persons who lived alone had the highest mean personal isolation scores (Mean = 8.90) (N = 120). Respondents who lived with relatives reported a mean personal isolation score of 8.81 (N = 31). Respondents who lived with spouse only contributed a mean score of 8.15 (N = 39). Respondents who lived with spouse and others reported a mean personal isolation score of 7.86 (N = 7) and respondents who lived with others reported a mean score of 7.33 (N = 3). These personal isolation mean scores indicate that although personal isolation is found throughout the various categories of living arrangement, respondents who lived alone reported the highest mean personal isolation score and respondents who lived with others had the lowest mean personal isolation score.

Many of the elders of this study lived in federally subsidized housing projects designed specifically for the elderly people. Some of these projects were well kept, especially the newer ones. The older housing centers were in need of repair. Others lived in a one bedroom or two bedroom apartment. Many of the respondents rented a

place to live. Older people who rent are obviously unable to compete with younger persons for adequate housing.¹² Consequently, many elderly renters live in older apartment buildings in areas of the city where rent is low and living conditions are least desirable.¹³

Since the majority of the sample for this study was comprised of widowed females, many of them lived in public housing and in the inner city areas of East Baton Rouge Parish, it is possible that their fear of crime coupled with their meager incomes and poor health contributed to the respondents feelings of personal isolation. Some of the respondents verbally indicated that they had been victimized; e.g., homes and apartments had been broken into; some had been mugged (during the day and night); and automobile tires and batteries had been stolen from their cars. The fear of crime greatly diminishes the quality of life for many older people and it also restricts their mobility.¹⁴ Much of the fear is a result of the fact that older people are acutely aware of their vulnerability to victimization. Why?

- (1) Older people realize that they have diminished physical strength and are less able to defend themselves or to escape from threatening situations;
- (2) Diminished hearing may also contribute to their victimization
- (3) Because of low income many older people can only afford to live in the poorer sections of the city - places where crime rates are the highest; thus, they are close to the groups most likely to victimize

them - the unemployed, drug addicts, and teen-age school dropouts; (4) many older persons live alone which further increases their chances of victimization. Also, the elderly are unaccompanied on the streets and on public transportation; and (5) Many older people are without cars and depend on either walking or public transportation.¹⁵ Thus, this increased exposure makes them an easy target for potential criminals.

Thus, in view of the above factors, it seems very plausible that the elderly persons included in this study who lived alone, also encountered the problems which are interrelated with living arrangement and which collectively may account for a greater tendency for personal isolation.¹⁶

Hypothesis 5: There will be a significant difference in personal isolation by the various response levels of volunteer work. Respondents who engage in volunteer work less will experience more personal isolation than respondents who are engaged more or about the same since their retirement.

The analysis of variance test for significant differences for personal isolation by volunteer work showed no significant differences when tested in the single variable model (Table 5).

When volunteer work was entered in the group model for the test for significant differences, the results of the test did not refute the results of the single variable model (Table 7). The hypothesis received no support from the data and was rejected.

Many of the respondents of this sample had very low incomes. Secondly, many of the respondents were in poor health. These two status variables were crucial factors in the lives of the elders of this sample. Due to the above factors many elderly people are unable

to afford the cost of participating in volunteer community work. Their non-participation may be due to several factors: (1) Physical disabilities may limit their activities; (2) The cost of transportation may become a hardship for the aged person who lives on fixed, low incomes; and (3) Havighurst and Albrecht found that a decline in group participation was not only associated with age but also with social status and sex.¹⁷

According to Havighurst and Albrecht, a decreasing social status was also related to a decrease in one's participation in social activity participation.¹⁸

It is likely that the above mentioned factors have strongly contributed to the findings in this area.

Hypothesis 6: There will be a significant difference in personal isolation by income. Respondents with lower incomes will experience more personal isolation than respondents with higher incomes.

The independent variable, income, was found to be highly significant for both the single variable model and the group model for the alienation subtype, personal isolation.

First, turning attention to the single variable model (Table 5) for the test for significant differences for personal isolation by income showed highly significant differences among the levels ($F = 2.77$, $d.f = 4$, $(P < .05)$, (Table 5).

Examining the various levels of income (Table 6), respondents whose incomes ranged from \$2,000 to \$4,900 averaged the highest personal isolation score, 9.23 ($N = 73$). Respondents whose income ranged from \$5,000 to \$7,900 averaged the second highest score, 8.67 ($N = 70$).

Respondents who averaged the lowest mean score, 7.11 were those respondents (N = 9) whose incomes ranged from \$14,000 and above. Respondents whose incomes ranged from \$8,000 to \$10,000 averaged a score of 7.97 (N = 31) and respondents whose incomes ranged from \$11,000 to \$13,000 (N = 17) averaged a score of 8.41.

When the independent variable income was entered into a group model, the analysis of variance test supported the findings from the single variable model ($F = 3.47$, d.F. = 4, $p < .01$) for the subtype personal isolation (Table 7).

Thus, the hypothesis was supported by the data and is therefore accepted. Recall that the highest average score was reported by respondents whose income ranged from \$2,000 to \$4,900. This group was followed by those respondents whose income ranged from \$5,000 to \$7,900. One of the major problems facing older Americans is their economic plight. The data indicate that those individuals whose income was low tend to feel more alienated than those individuals who have moderate and above average yearly incomes. By not having adequate economic resources many elderly persons are not able to provide for their own needs and are dependent upon others (social agencies) to assist them. The lack of sufficient funds to engage in social activities - travel, leisure, etc. become a burden for many aged persons. It is apparent that such factors as low income would contribute to feelings of alienation among elderly persons.

Hypothesis 7: There will be a significant difference in personal isolation by level of health rating. Respondents who were in poor and fair health will experience more personal isolation than respondents

who were in good or excellent health.

The final independent variable for the subtype personal isolation was health rating. Health rating was found to be highly significant for personal isolation when tested for significant differences in a bivariate model or single variable model ($F = 11.59$, $d.F. = 3$, $P < .01$) (Table 5).

Observing mean scores for the various levels of health rating (Table 6) respondents who were in poor and fair health averaged highest among the levels. Respondents who rated their health as poor had a mean personal isolation score of 9.81 ($N = 26$). The fair health respondents had a mean personal isolation score of 9.40 ($N = 81$). Respondents who had the lowest personal isolation score were respondents who rated their health as good and excellent. Respondents who rated their health as excellent reported an average personal isolation score of 7.17 ($N = 30$). Respondents who were in good health had an average score of 8.00 ($N = 63$).

When the independent variable health rating was tested in a group or multivariate model, the results supported the findings from the single variable model ($F = 13.00$, $d.F = 3$, $P < .01$), (Table 7).

Thus, the hypothesis was supported by the data and is therefore accepted. It was expected that elderly respondents who were in poor and fair health to report higher mean personal isolation scores than those who were not in poor or fair health. The Review of Literature clearly supports the contention that many elderly people are in poor or failing health which prohibits inability as well as the quantity of interaction they are able to have with other friends and family members.

Many of the elderly respondents indicated in the interview that they had cardiovascular, arthritis and gastrointestinal problems. Many elderly people due to their poor health status find themselves isolated from others and hence, the likelihood that feelings of alienation of aged persons will increase.

Due to the serious problems of health among the elderly, the writer believes that the overall net effect is that the individual feels: (1) less capable of mastering his or her environment, (2) the aged person becomes increasingly defensive and (3) gradually he/she begins to isolate himself or herself from the social environment.

III. THE RELATIONSHIP OF RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME AND HEALTH RATING TO ALIENATION: GROUP ISOLATION

Group Isolation

Hypothesis 1: There will be a significant difference in group isolation by race. Black respondents will be more alienated than white respondents.

The scale for group isolation ranged from 6 to 24. The results of the bivariate model test for significant differences showed significant differences for group isolation by the independent variable race ($F = 26.28$, $d.F = 1$, $P < .01$) (Table 9).

The black respondents exhibited the highest mean group isolation score among the levels (Mean = 17.16) ($N = 112$). The white respondents showed less group isolation than did black respondents (Mean = 15.18) ($N = 88$), (Table 10).

The relative importance of the independent variable race was also tested in a multivariate model while controlling for the other independent variables: EDUCATION, CHURCH WORK, LIVING ARRANGEMENT,

TABLE 9
ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
GROUP ISOLATION
(INDIVIDUAL MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
Race	1	192.98194805	26.28	0.0001**
Error	198	1434.19805195		
Education	9	238.43658468	3.57	0.0004**
Error	190	1408.74341532		
Church Work	2	3.68877743	0.22	0.8019
Error	197	1643.49122257		
Living Arrangement	4	17.13037221	0.51	0.7267
Error	195	1630.04962779		
Volunteer Work	2	53.84035354	3.33	0.0379*
Error	197	1593.33964646		
Income	4	178.73366029	5.93	0.0002**
Error	195	1468.44633971		
Health Rating	3	178.59733822	7.95	0.0001**
Error	196	1468.58266178		

* $P < .05$

** $P < .01$

Total Degrees of Freedom = 199

Total Sums of Squares = 1647.18000000

TABLE 10
 MEAN SCORES AND PERCENTAGES FOR
 INDEPENDENT VARIABLES FOR THE SUBTYPE
 GROUP ISOLATION
 (SINGLE VARIABLE MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	17.161	112	56.0	Black	1
	15.182	88	44.0	White	2
	TOTALS		N=200	100.0	
Education	18.000	2	1.0	At home school	0
	17.306	85	42.5	Some grade school	2
	17.083	12	6.0	Never went to school	1
	15.840	25	12.5	Completed 12 years or equivalent	4
	15.667	3	1.5	Completed 2 years college	7
	15.561	41	20.5	Some high school (9-12)	3
	15.429	7	3.5	M.S., M.A. or professional	9
	15.000	4	2.0	Post high school or vocational	6
	14.500	4	2.0	Some college or vocational school	5
	14.059	17	8.5	B.A. or B.S.	8
TOTALS		N=200	100.0		
Church Work	16.366	145	72.5	More time	3
	16.182	33	16.5	About the same	2
	15.955	22	11.0	Less time	1
TOTALS		N=200	100.0		
Living Arrangement	17.000	7	3.5	Live with spouse and others	3
	16.516	31	15.5	Live with relatives	4
	16.333	120	60.0	Live alone	1
	15.974	39	19.5	Live with spouse only	2
	14.667	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 10 (Continued)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	16.708	120	60.0	Less time	1
	15.806	36	18.0	About the same	1
	15.545	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	17.233	73	36.5	\$2,000-\$4,900	1
	16.706	70	35.0	\$5,000-\$7,900	2
	15.929	17	8.5	\$11,000-\$13,900	4
	15.548	31	15.5	\$8,000-\$10,900	3
	13.222	9	4.5	\$14,000-above	5
TOTALS		N=200	100.0		
Health Rating	17.423	26	13.0	Poor	4
	17.000	81	40.5	Fair	3
	15.698	63	31.5	Good	2
	14.633	30	15.0	Excellent	1
TOTALS		N=200	100.0		

VOLUNTEER WORK, INCOME AND HEALTH RATING, for the subtype group isolation. The ANOVA test revealed significant differences for group isolation by race ($F = 42.84$, d.F. = 1, $p < .01$), (Table 11). Thus, the group model test for significant differences confirmed the findings from the single variable model for significant differences.

The hypothesis for the subtype group isolation was supported by the data and is accepted. Elderly blacks exhibited higher mean scores for group isolation as expected. As indicated previously, black elderly persons simply do not have adequate economic resources to enable them to function effectively in social groups or organizations. Consequently roles and role relationships become restricted. When roles are restricted among elderly people, they often begin to feel defenseless against their social environment and the likelihood that they will be alienated tends to increase.

Hypothesis 2: There will be a significant difference in group isolation by level of education. Respondents who receive less education will experience more group alienation than respondents who received higher levels of educational attainment.

Differences in group isolation for the variable education were found to be highly significant ($F = 3.57$, d.F. = 9, $p < .01$), (Table 10).

Examining the various levels (Table 10), the highest group isolation mean score (18.0) was shown by respondents who had received some at home educational training ($N = 2$). This group of the sample population stands out as being highly different from all other groups with the exception of those respondents who completed a 4 year college degree

TABLE 11
ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
GROUP ISOLATION
(GROUP MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
TOTAL	199	1647.18000000	7.67	0.0001**
Race	1	192.98194805	42.84	0.0001**
Education	9	238.43658468	5.88	0.0001**
Church Work	2	3.68877743	0.41	0.6646
Living Arrangement	4	17.13037221	0.95	0.4361
Volunteer Work	2	53.84035354	5.98	0.0031**
Income	4	178.73366029	9.92	0.0001**
Health Rating	3	178.59733822	13.22	0.0001**
Error	174	783.77096558		

*P<.05

**P<.01

TABLE 12
 MEAN SCORES AND PERCENTAGES FOR
 INDEPENDENT VARIABLES FOR THE SUBTYPE
 GROUP ISOLATION
 (GROUP MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	17.161	112	56.0	Black	1
	15.182	88	44.0	White	2
TOTALS		N=200	100.0		
Education	18.000	2	1.0	At home training	0
	17.306	85	42.5	Some grade school (1-8)	2
	17.083	12	6.0	Never went to school	1
	15.840	25	12.5	Completed 12 years or equivalent	4
	15.667	3	1.5	Completed 2 yrs. college	7
	15.561	41	20.5	Some high school (9-12)	3
	15.429	7	3.5	M.S., M.A., or professional	9
	15.000	4	2.0	Post high school or vocational	6
	14.500	4	2.0	Some college or or vocational	5
	14.059	17	8.5	B.A. or B.S. degree	8
TOTALS		N=200	100.0		
Church Work	16.366	145	72.5	More time	3
	16.182	33	16.5	About the same	2
	15.955	22	11.0	Less time	1
TOTALS		N=200	100.0		
Living Arrangement	17.000	7	3.5	Live with spouse or others	3
	16.516	31	15.5	Live with relatives	4
	16.333	120	60.0	Live alone	1
	15.974	39	19.5	Live with spouse only	2
	14.667	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 12 (continued)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	16.708	120	60.0	Less time	1
	15.806	36	18.0	About the same	2
	15.545	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	17.233	73	36.5	\$2,000-\$4,900	1
	16.706	70	35.0	\$5,000-\$7,900	2
	15.929	17	8.5	\$11,000-\$13,900	4
	15.548	31	15.5	\$8,000-\$10,900	3
	13.222	9	4.5	\$14,000-above	5
Totals		N=200	100.0		
Health Rating	17.423	26	13.0	Poor	4
	17.000	81	40.5	Fair	3
	15.698	63	31.5	Good	2
	14.633	30	15.0	Excellent	1
Totals		N=200	100.0		

and those who received some college or vocational training beyond high school. Respondents with the lowest mean scores (14.06) were those who had completed a four year college degree ($N = 17$). Respondents who received some college or vocational training beyond high school also reported a low mean score of 14.50 ($N = 4$).

Respondents who received some grade school (1-8) education had an average group isolation score of 17.31 ($N = 85$). It is noteworthy of mentioning that this group of respondents constituted 42.5 percent of the sample, the largest category of all the various educational levels. Respondents who never went to school had a mean score of 17.08 ($N = 12$). Thus respondents who received some grade school education (1-8) and respondents who never went to school reported moderate mean group isolation scores.

Respondents who completed high school or equivalent had a mean group isolation score of 15.84 ($N = 25$). Respondents who completed a 2 year college degree had a mean G.I. score of 15.67 ($N = 3$). Respondents who received some high school (9-12) reported a mean score of 15.56 ($N = 41$). Respondents who completed a graduate or professional degree had a mean score of 15.43 ($N = 7$). Respondents who completed a vocational training program averaged a score of 15.00 ($N = 4$). Thus these five above mentioned groups whose mean scores ranged from 15.84 to 15.00 revealed no definite differences among the various groups as evidenced by each of the mean scores reported.

When the independent variable education was tested in a group model the analysis of variance test for significant differences supported the results of the findings for the bivariate (single variable) model ($F = 5.88$, $d.F. = 9$, $P < .01$), (Table 11). Thus, there is a significant difference in group isolation by educational level even when other

variables in the model are controlled. This suggests that educational level is a strong predictor of group isolation. Education is a status resource that is utilized and evaluated in group interaction. A high level of education also usually means fewer social and economic limitations which apparently reduces the tendency for alienation.

Thus, the data support the hypothesis and is accepted. Respondents whose educational attainment was low were inclined to feel more alienated than those respondents who had received education beyond the eighth grade.

Hypothesis 3: There will be a significant difference in group isolation by the various response levels of church work participation. Respondents who are less active in church work will experience more group isolation than respondents who are more active in church work.

No significant difference in group isolation was found by level of church work participation for the bivariate model (Table 10). The same results were obtained when church work participation was included in the group model (Table 11). Thus, the tendency to attend or participate in church activities was not found to be a discriminating factor for group isolation. Thus, the above hypothesis was not supported by the data.

Mean scores for the various categories of church work were not statistically different for the subtype group isolation. The mean scores ranged from 11.06 to 11.50.

One interesting observation is that there was a tendency for elderly persons of the sample to remain in their homes and watch

religious programs on television. Also, there was a considerable amount of religious paraphernalia in their homes. For example, religious figures, bibles and crosses were the basic kinds of religious items observed in the various rooms. The reason for this approach to church participation was because they were afraid to leave their homes and meager belongings. Due to the high fear of crime among the sample respondents, much of their physical activity is restricted. Moreover, many of the respondents were in poor health which is another factor that contributes to the feeling of group isolation among the respondents. Finally the extremely low incomes of the respondents contributed significantly to their not being able to afford to participate in extra social activity. For example, the extra funds needed for bus transportation or automobile transportation can put a small dent on the already low and fixed income that they receive.¹⁹ Elderly people must budget very carefully in order to meet their survival needs. Moreover, health costs (medication) tend to cut deep into their small budgets. In addition, many elders expressed a great fear of a major illness (N = 73) or 36.5 percent.

It is apparent that due to the multitude of problems that these elderly people were confronted with, it is understandable that many of them would experience group isolation. However, in this study, there was no significant difference in group isolation by church work participation.

Hypothesis 4: There will be a significant difference in group isolation by living arrangement. Respondents who live alone will experience more group isolation than respondents who live with relatives,

spouse or other individuals.

The test for significant differences for group isolation by the independent variable living arrangement showed no significant differences (Table 9). Living arrangement was further tested in the group model. The findings revealed that living arrangement had no significant effect on the subtype group isolation, when all other independent variables were controlled (Table 11). Thus, the findings from the group model test was supportive of the single variable model test for significant differences. The hypothesis did not receive strong support from the data and is therefore rejected.

Examining the mean group isolation scores (Table 10) elders who were the most alienated were those who lived with spouse and others (Mean = 17.00)(N = 7). This response category comprised only 3.5 percent of the sample. Due to the small number of cases (N = 7), the writer believes that this response category may not be representative of the elderly population. Elders who lived with relatives comprised a mean group isolation score of 16.52 (N = 31). The lowest mean score was reported by elders who lived with others (Mean = 14.67) (N = 3). This group of respondents comprised 1.5 percent of the sample.

Group isolation is believed to occur when the elderly person experiences a feeling of rejection by ones group, friends and a feeling of being cut off from commonly accepted group norms. Certain studies show that there are fewer tensions in families with separate households.²⁰ Moreover, it is quite plausible that psychological independence of the younger generation can be more easily reached outside

the physical omnipresence of parents and parents-in-law.²¹ Thus, conflict is likely to be greatest when economic reasons force the old and the young together and when traditions of subordination of the young are loosened.²²

During the personal interviews conducted by the researcher, some of the elderly respondents stated that their grown children, their grandchildren, great grandchildren and in some instances in-laws lived with them. Obviously, there is some intergenerational family patterns among the sample of respondents. However, this form of intergenerational living arrangement represented only a small percentage of the sample (3.5 percent). Elderly parents and/or grandparents verbalized that they were helping to rear their grandchildren due to various problems that their children were confronted with such as unemployment and separation. Also, a few of the respondents indicated that their grown children had returned to live with them due to various reasons such as inadequate money to support themselves or inability to find a job.

This sample was comprised largely of lower-socio-economic status persons. That is, these elderly persons had very low incomes. When they are forced to assume or even help to assume the role of primary caretaker of younger grandchildren and adult children, stress and strain tends to permeate the social environment. First, the lack of sufficient income creates economic problems in that the elderly person is unable to successfully meet the needs of "others" and "kin" who may live with them. Secondly, there is strong evidence that parent-child relations are not fully reciprocal, inasmuch as aged parents seem more attached

to their children than their children being more attached to them.²⁴

Thus, the elderly person may experience a feeling of rejection by adult children who due to their own misfortune become dependent on their elderly parents. Perhaps this adult sibling dependency upon adult parents adds to the stress and strain of the family living environment. These factors coupled with their poor health, as well as low socio-economic status, probably contribute to the aged feelings of being rejected by those individuals who are closest to them.

HYPOTHESIS 5: There will be a significant difference in group isolation by the various response levels of volunteer work. Respondents who engage less in volunteer work will experience more group isolation than respondents who are engaged more or about the same since their retirement.

The ANOVA test for significant differences for group isolation by volunteer work revealed significant differences when tested in a bivariate (single variable) model ($F = 3.3$, d.F. = 2, $P < .05$) (Table 9).

Examining the various levels of volunteer work (Table 10), there were significant differences in average group isolation scores among the various levels. Respondents who spent less time performing volunteer work contributed an average group isolation score of 16.71 ($N = 120$). This group of respondents represented 60.0 percent of the sample, the largest category of all other response levels. Respondents who engaged in volunteer work at about the same level as before retirement reported an average moderate group isolation score of

15.81, (N = 36) while respondents who were more active since their retirement reported the lowest mean group isolation score of 15.54 (N = 44).

When the independent variable volunteer work was entered into a group model to test for significant differences, while controlling for the other independent variables (RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, INCOME AND HEALTH RATING), the results of the test supported the findings from the single variable model ($F = 5.98$, $d.f. = 2$, $P < .01$) (Table 11).

Thus, the hypothesis received strong support from both models and is therefore accepted. This indicates that those elderly individuals who spent less time in volunteer work reported a higher level of group isolation than those individuals who were engaged more in volunteer work since their retirement. It is well documented in the literature that those elderly persons who are less active in life as they age tend to feel more withdrawn and lonely than those elderly persons who are more active in social activity participation.²⁵

Hypothesis 6: There will be a significant difference in group isolation by income. Respondents with lower incomes will experience more group isolation than respondents with higher incomes.

The independent variable income was revealed as being highly significant when included in a single variable model test for significant differences for the subtype group isolation ($F = 5.93$, $d.f. = 4$, $P < .01$). (Table 9). Examining the various levels of income (Table 10), respondents who reported the highest mean group isolation score, 17.23 were those respondents whose incomes ranged from \$2,000 to \$4,900

(N = 73). This group of respondents represented the largest category of all the various levels examined (36.5 percent). Respondents whose earnings ranged from \$5,000 to \$7,900 had a high mean score of 16.71 (N = 70).

Respondents who received incomes ranging from \$11,00 to \$13,900 had a mean group isolation score of 15.93 (N = 17) and respondents who received incomes between \$8,000 and \$10,900 had a mean group isolation score of 15.55 (N = 31).

Respondents who reported the lowest mean group isolation score were those whose income ranged from \$14,000 and above (N = 9). As indicated in the statistics cited above, elderly persons with the lower incomes had the highest mean group isolation scores. When income was tested in a group model, the results confirmed the findings from the single variable model ($F = 9.92$, d.f. = 4, $P < .01$) (Table 11). Thus, the data very strongly support the hypothesis which is accepted at the .01 level of statistical significance.

One of the major problems of older Americans is low or inadequate income. It is a known fact that the income of older Americans consistently falls below that of other age groups in the adult population. Furthermore, the socio-economic status of older people strongly influences their chances of becoming alienated.²⁶ There can be little doubt, however, that the presence or absence of an adequate income to guarantee comfort has a profound effect on an individual's ability to attain a satisfying life.²⁷ The absence of an adequate income affects a person's health and his ability to secure medical care as well as living accommodations. Moreover, the lack of adequate income can certainly affect the role he/she can continue to play in

the community in terms of personally satisfying social activities.

Lack of adequate income may also to some extent affect his/her relationship with family members as well as his/her feelings of independence, security, self-esteem and self-respect.²⁸ A graphic description of the economic status of a great many of the aged is given in the following statement:

Some are working, but most are not; some have adequate income, but most do not; some have hospital insurance, but most do not; and finally some have comprehensive medical insurance, but most do not.²⁹

Thus, those elderly persons who do not have adequate income to meet their basic needs will tend to be more alienated than those who have sufficient or adequate income to meet basic needs. The insecurity which the inadequate income of many of the aged spells for them consistently increases as the purchasing power of the dollar decreases.³⁰ Because of a lack of adequate income, many elderly people cannot even afford the basic or ordinary amenities of life such as small change for a daily newspaper, telephone service, the satisfaction of being able to buy a gift for a grandchild or a bus ride to visit a member of the family, an old friend or a facility for recreation.³¹ It is readily apparent that due to the lack of an adequate income, the quality of life for many of the aged persons is low, which certainly contributes to the degree of alienation among aged persons.

Hypothesis 7: There will be a significant difference in group isolation by the various levels of health rating. Respondents who were in poor and fair health will experience more group isolation than respondents who were in good or excellent health.

The last independent variable related to group isolation was health rating. Health rating was found to be highly significant for

group isolation when tested in a single variable model for significant differences ($F = 7.95$, d.F. = 3, $P < .01$) (Table 9). Examining the various levels of health rating (Table 10), respondents who contributed the highest mean group isolation score (17.42) were those respondents who in poor health ($N = 26$). This group of respondents was followed by those respondents who were in fair health. This group reported a mean score of 17.00 ($N = 81$).

Respondents who were in good health had a lower mean score of 15.70 ($N = 63$). Respondents who had the lowest mean score (14.63) of all of the various response levels were those respondents who rated their health as being excellent ($N = 30$).

Health rating, when tested in a group model for significant differences confirmed the findings of the single variable model ($F = 13.22$, d.F. = 3, $P < .01$) (Table 11). Thus, the data for the single variable model and the group model support the hypothesis relating health rating to group isolation.

A major source of insecurity for the older person is concern over medical costs and medical crises. For example, a long-term illness or a major operation becomes a financial catastrophe because it can wipe out a lifetime of savings.³² The federal government has tried to intervene to help allay the insecurity and the burden of medical costs through Medicare and Medicaid. Medicare and Medicaid are two national insurance programs that require a monthly payment from the older person on the basis of which part of his expenses for medical care are paid.³³

It is well established in the literature that poor health can lead to depression, limited social mobility, poor quality of life and a drain on already limited financial resources -- all of which can be alienating to the elderly, especially those elderly with fewer status resources

and inadequate social support system.³⁴

IV. THE RELATIONSHIP OF RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME AND HEALTH RATING TO ALIENATION: POWERLESSNESS

POWERLESSNESS

Hypothesis 1: There will be a significant difference in powerlessness by race. Black respondents will experience more powerlessness than white respondents.

The scale for powerlessness ranged from 4 to 16. For the third consecutive time, the independent variable race reported significant differences for the alienation subtype powerlessness when tested in a single variable model ($F = 39.96$, $d.F. = 1$, $P < .01$) (Table 13).

Black respondents reported the highest mean powerlessness score (12.26) ($N = 112$). The white respondents showed less powerlessness than did black respondents (Mean = 10.34) ($N = 88$) (Table 14).

The independent variable race was tested in a group model while controlling for the other independent variables: EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME AND HEALTH RATING. The results of the group test for significant differences revealed that race was significant for the subtype powerlessness. This finding supports the results of the single variable model test for significant differences ($F = 72.59$, $d.F = 1$, $P < .01$) (Table 15). Since the hypothesis received very strong statistical support from the data, it was accepted.

A plausible explanation for the above results is that blacks have basically been excluded from the mainstream of American life, especially during the years prior to the civil rights movement and the enactment of Civil Rights Legislation.

TABLE 13

ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
POWERLESSNESS
(INDIVIDUAL MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
Race	1	181.29120130	36.96	0.001**
Error	198	471.26379820		
Education	9	204.00386111	4.54	0.0001**
Error	190	948.55113889		
Church Work	2	5.33702717	0.46	0.6331
Error	197	1149.21797283		
Living Arrangement	4	53.83747666	2.39	0.0524
Error	195	1098.71752334		
Volunteer Work	2	6.32696970	0.54	0.5815
Error	197	1146.22803030		
Income	4	196.83719322	10.04	0.0001**
Error	195	955.71780678		
Health Rating	3	70.36327567	4.25	0.0063**
Error	196	1082.19172433		

*P<.05

**P<.01

Total Degrees of Freedom = 199

Total Sums of Squares = 1152.55500000

TABLE 14.
MEAN SCORES AND PERCENTAGES FOR
INDEPENDENT VARIABLES FOR THE SUBTYPE
POWERLESSNESS
(SINGLE VARIABLE MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	12.259	112	56.0	Black	1
	10.341	88	44.0	White	2
TOTALS		N=200	100.0		
Education	14.000	2	1.0	At home school	0
	13.000	12	6.0	Never went to school	1
	12.059	85	42.5	Some grade school (1-8)	2
	11.750	4	2.0	Some college or vocational school	5
	11.146	41	20.5	Some high school (9-12)	3
	11.040	25	12.5	Completed 12 years or equivalent	4
	10.333	3	1.5	Completed 2 years college	7
	9.571	7	3.5	M.A., M.S. or professional	9
	9.353	17	8.5	B.A. or B.S.	8
	9.250	4	2.0	Post high school or vocational	6
TOTALS		N=200	100.0		
Church Work	11.503	145	72.5	More time	3
	11.364	22	11.0	Less time	1
	11.061	33	16.5	About the same	2
TOTALS		N=200	100.0		
Living Arrangement	11.774	31	15.5	Live with relatives	4
	11.600	120	60.0	Live alone	1
	11.026	39	19.5	Live with spouse only	2
	10.143	7	3.5	Live with spouse and others	3
	8.333	3	1.5	Live with others	5
		N=200	100.0		

TABLE 14 (Continued)

VARIABLES(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	11.558	120	60.0	Less time	1
	11.250	36	18.0	About the same	2
	11.159	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	12.589	73	36.5	\$2,000-\$4,900	1
	11.100	70	35.0	\$5,000-\$7,900	2
	10.710	31	15.5	\$8,000-\$10,900	3
	10.176	17	8.5	\$11,000-\$13,900	4
	9.111	9	4.5	\$14,000-above	5
TOTALS		N=200	100.0		
Health Rating	12.308	26	13.0	Poor	4
	11.716	81	40.5	Fair	3
	11.206	63	31.5	Good	2
	10.267	30	15.0	Excellent	1
TOTALS		N=200	100.0		

TABLE 15

ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
POWERLESSNESS
(GROUP MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
TOTAL	199	1152.55500000	11.50	0.0001**
Race	1	181.29120130	72.59	0.0001**
Education	9	204.00386111	9.08	0.0001**
Church Work	2	5.33702717	1.07	0.3458
Living Arrangement	4	53.83747666	5.39	0.0004**
Volunteer Work	2	6.32696970	1.27	0.2844
Income	4	196.83719322	19.70	0.0001**
Health Rating	3	70.36327567	9.39	0.0001**
Error	174	434.55799517		

*P<.05

**P<.01

TABLE 16
 MEAN SCORES AND PERCENTAGES FOR
 INDEPENDENT VARIABLES FOR THE SUBTYPE
 POWERLESSNESS
 (GROUP MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	12.259	112	56.0	Black	1
	10.341	88	44.0	White	2
TOTALS		N=200	100.0		
Education	14.000	2	1.0	At home training	0
	13.000	12	6.0	Never went to school	1
	12.059	85	42.5	Some grade school (1-8)	2
	11.750	4	2.0	Some college or vocational	5
	11.146	41	20.5	Some high school (9-12)	3
	11.040	25	12.5	Completed 12 years or equivalent	4
	10.333	3	1.5	Completed 2 years college	7
	9.571	7	3.5	M.A., M.S., or professional	9
	9.353	17	8.5	B.A. or B.S. degree	8
	9.250	4	2.0	Post high school or vocational	6
TOTALS		N=200	100.0		
Church Work	11.503	145	72.5	More time	3
	11.364	22	11.0	Less time	1
	11.061	33	16.5	About the same	2
TOTALS		N=200	100.0		
Living Arrangement	11.774	31	15.5	Live with relatives	4
	11.600	120	60.0	Live Alone	1
	11.026	39	19.5	Live with spouse only	2
	10.143	7	3.5	Live with spouse and others	3
	8.333	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 16 (continued)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	11.558	120	60.0	Less time	1
	11.250	36	18.0	About the same	2
	11.159	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	12.589	73	36.5	\$2,000-\$4,900	1
	11.100	70	35.0	\$5,000-\$7,900	2
	10.710	31	15.5	\$11,000-\$13,900	3
	10.176	17	8.5	\$8,000-\$10,900	4
	9.111	9	4.5	\$14,000-Above	5
TOTALS		N=200	100.0		
Health Rating	12.308	26	13.0	Poor	4
	11.716	81	40.5	Fair	3
	11.206	63	31.5	Good	2
	10.267	30	15.0	Excellent	1
TOTALS		N=200	100.0		

During the interviews, many black elderly freely verbalized a "no faith" attitude in their ability to control their life situation. In short, they felt powerless to challenge any social force that they may be confronted with and there was an absence of faith in local, state and federal government.

Hypothesis 2: There will be a significant difference in powerlessness by level of education. Respondents who receive less education will experience more powerlessness than respondents with higher levels of educational attainment.

The analysis of variance test for significant differences showed highly significant differences for powerlessness by the independent variable education ($F = 4.54$, $d.F. = 9$, $p < .01$) when tested in a single variable model (Table 13).

Inspecting the different levels of education (Table 14), the highest powerlessness mean score (14.00) was shown by respondents who received some at home training ($N = 2$). Respondents who never went to school reported a mean score of 13.00 ($N = 12$).

Respondents who received some grade school and those respondents who had some college or vocational training beyond high school reported similar mean scores (Table 14). The respondents who received some grade school training (1-8) reported a mean score of 12.06 ($N = 85$). The grade school respondents represented the greatest concentration of respondents of all other levels for the education variable. Respondents who had received some college or vocational training beyond high school reported a mean score of 11.75 ($N = 4$).

Respondents who reported moderate powerlessness scores were those respondents who received some high school education (9-12) (Mean = 11.15) (N = 41) and those who completed high school or equivalent (Mean score = 11.04) (N = 25).

Other mean powerlessness scores for different levels of education are as follows: Completed a 2 year college degree (Mean = 10.33) (N = 3); Completed a graduate or professional degree (Mean = 9.57) (N = 7); Completed a 4 year college degree (Mean = 9.35) (N = 17); Completed a vocational training program, beyond high school (Mean = 9.25) (N = 4).

Thus, respondents who had received less education reported the highest mean powerlessness scores while respondents who reported lower mean scores reported higher levels of educational attainment. As levels of education decrease, powerlessness tends to increase among respondents; conversely, higher levels of education were associated with lower powerlessness among the respondents.

When the independent variable education was included in a group model, the outcome confirmed the results from the single variable model ($F = 9.08$, d.f. = 9 $P < .01$); (Table 15). Thus, the hypothesis received very strong support from the data and was therefore accepted.

A possible explanation for these results is that educational attainment of older persons as a group tend to be much lower than that of the adult population. Moreover, in a highly technological society such as the United States, change occurs so rapidly that those elderly who had at one time adequate skills often found out later that these skills were obsolete and not in demand. For example, farm laborers were replaced to some extent by high-tech farm

machinery. Consequently, those elderly who received little or no education and who must attempt to function in a society that values and rewards skilled labor and educational attainment, will likely experience higher levels of alienation than those elderly persons who were able to attain higher levels of education.

Hypothesis 3: There will be a significant difference in powerlessness by level of church work participation. Respondents who are less active in church work will experience more powerlessness than respondents who are more active in church work.

The variable church work was entered in a single variable model for the ANOVA test for significant differences. The test revealed no significant differences among the various levels of church work.(Table 13).

Since the independent variable church work was not significant in the single variable model, it was placed in a group model test for significant differences. The results of the group test confirmed the findings from the single variable test for significant differences (Table 15).

Thus, the hypothesis was not supported by the data and is rejected. Further analysis using the mean scores reported for church work (Table 14), revealed no significant difference for the subtype powerlessness. Mean powerlessness scores only ranged from 11.06 to 11.50. These average scores indicate moderate degrees of powerlessness.

Hypothesis 4: There will be a significant difference in powerlessness by living arrangement. Respondents who live alone will experience

more powerlessness than respondents who live with relatives, spouse or other individuals.

The fourth variable analyzed in regard to powerlessness was living arrangement. The single variable test for significant differences for powerlessness by living arrangement revealed no significant differences (Table 13).

Briefly examining the mean scores for the various categories of living arrangement reveals that average powerlessness scores were not statistically different. The mean scores ranged from 8.33 to 11.77. These scores do reveal a moderate degree of powerlessness among the elderly respondents in various types of living arrangements (Table 16),

Turning attention to the more powerful test, the data reveal that the living arrangement variable, when entered in a multivariate model revealed highly significant differences when the other independent variables in the model were controlled (Table 15).

Examining the various levels of living arrangement respondents who lived with relatives (Mean = 17.77) and who lived alone (Mean = 11.60) revealed the highest mean powerlessness scores. The latter category comprised the largest number of respondents. Respondents who lived with spouse only reported an average powerlessness score of 11.03 (N = 39) Those respondents who lived with spouse and others had an average score of 10.14 (N = 7), and those who lived with others reported the lowest mean powerlessness score of all other categories (Mean = 8.33) (N = 3).

The hypothesis was not supported by the data and is rejected. Respondents who lived with relatives were the most alienated among

the sample of respondents. This fact is especially interesting when it was hypothesized that respondents who lived alone would be more alienated. Perhaps those elderly respondents who are living with relatives feel alienated from the family system to some extent; for example, such aged person may not participate in the decision making aspects of the home environment, and may feel left out and powerless to do anything about their situation. Moreover, the aged person may feel "trapped" or "forced" to comply with the household situation because of the lack of a better place to live. Sometimes elderly persons are forced to accept this style of living arrangement due to poor health and low income.

Hypothesis 5: There will be a significant difference in powerlessness by level of volunteer community work. Respondents who engage in volunteer work less will experience more powerlessness than respondents who are engaged more or about the same since their retirement.

The ANOVA test for significant differences for powerlessness by volunteer work revealed no statistically significant differences when tested in a single variable model (Table 13).

The volunteer work variable was also entered into a group model test for significant differences. The results of the test revealed no statistically significant differences and thus, confirmed the findings from the single model (Table 15).

Inspecting the mean scores for the various categories of volunteer work, we find that the mean scores for powerlessness were not significantly different. Average scores ranged from 11.16 to 11.56. These scores indicate low to somewhat moderate degrees of powerlessness (Table 14). The hypothesis was not supported by

the data and is therefore rejected.

Hypothesis 6: There will be a significant difference in powerlessness by income. Respondents with lower incomes will experience more powerlessness than respondents with higher incomes.

The independent variable income was placed in a single variable model test for significant differences for the subtype powerlessness. The results of the single variable test revealed highly significant differences ($F = 10.04$, $d.F. = 4$, $P < .01$) (Table 13).

Examining the various levels of income (Table 14), revealed that respondents whose incomes ranged from \$2,000 to \$4,900 had the highest mean powerlessness scores (Mean = 12.59) ($N = 73$). The second highest average score was reported by those respondents whose incomes ranged from \$5,000 to \$7,900 (Mean = 11.10) ($N = 70$).

Respondents with incomes from \$8,000 to \$10,900 and from \$11,000 to \$13,900 revealed moderate mean powerlessness scores (Mean = 10.71) ($N = 31$) and (Mean = 10.18) ($N = 17$) (Table 14).

Respondents with the lowest mean powerlessness score were those who had annual incomes of \$14,000 and above (mean = 9.11) ($N = 9$). This category of respondents represented the smallest percentage (4.5 percent) of the total sample for this variable.

When income was entered into a group model for the test for significant differences for powerlessness, the results of the test showed that there were significant differences among the various levels of income ($F = 19.70$, $d.F. = 4$, $P < .01$). The results of the group model supported the findings of the single variable model (Table 15). Thus, the hypothesis received very strong support from the

data and is accepted.

In explaining these results one must reflect back to earlier findings in the literature. For example, one of the major social problems in America is the low economic status among the elderly population.³⁵ For many elderly people, poverty is a life-long condition which becomes increasingly worse with age. For other elderly people, poverty is a fairly new condition which occurred after retirement when an aged person may find his/her income cut by one-half, etc.³⁶ In light of their poor economic status, many elderly persons are forced to give up many things that they may enjoy simply because they lack the necessary funds or money to provide for special needs and wants. In view of the strong supportive evidence regarding the economic status of the elderly, it is not surprising that the data in this study confirm the existence of alienation among aged respondents with low incomes.

Hypothesis 7: There will be a significant difference in powerlessness by level of health rating. Respondents who were in poor and fair health will experience more powerlessness than respondents who were in good or excellent health.

The final variable for the powerlessness subtype was health rating. When health rating was entered as an independent variable in a single variable model, the results of the test showed highly significant differences ($F = 4.25$, $d.F = 3$, $P < .01$) (Table 13)

Observing the mean powerlessness scores for the various levels (Table 14), revealed that respondents who rated their health as poor

and fair revealed the highest average powerlessness score (Mean = 12.31) (N = 26) and (Mean = 11.72) (N = 81). Respondents who rated their health as fair also represented the largest category of aged sample respondents (40.5 percent) of all other levels of the health rating variable.

Respondents who rated their health as good had a mean score of 11.21 (N = 63) and those who rated their health as excellent had a mean powerlessness score of 10.27 (N = 30).

Respondents who were in poor and fair health continue to report the highest mean score across all three subtypes of alienation previously discussed; Personal Isolation, Group Isolation and Powerlessness. Respondents who reported being in good and excellent health continue to report the lowest mean scores across the three subtypes.

The independent variable health rating was placed in a group model while controlling for the independent variables: RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK AND INCOME. The results revealed significant differences ($F = 9.39$, $d.F. = 3$, $P < .01$) (Table 15). Thus, the hypothesis received positive support from the data and is accepted. Respondents who were most alienated for the subtype powerlessness were those respondents who were in poor and fair health as expected.

V. THE RELATIONSHIP OF RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME AND HEALTH RATING TO ALIENATION: NORMLESSNESS

NORMLESSNESS

Hypothesis 1: There will be a significant difference in normlessness by race. Black respondents will experience more normlessness than white respondents.

The scale for normlessness ranged from 6 to 24. The final subtype of alienation was normlessness. The analysis of variance test for significant differences showed highly significant differences for normlessness by the independent variable race ($F = 35.43$, $d.F. = 1$, $P < .01$) (Table 17).

The black respondents for the fourth consecutive time had the highest average score across the four subtypes. The mean normlessness score for the black respondents was 10.26 ($N = 112$). The white respondents reported a lower mean normlessness score (Mean = 8.67) ($N = 88$). (Table 18). The black elderly persons tend to be more alienated than white elderly persons.

The variable race was entered in a group model to further test for significant differences while controlling for the remaining independent variables: EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME AND HEALTH RATING. The results of the group test for significant differences revealed that race was significant for the subtype normlessness. The findings confirmed the results of the single variable model ($F = 85.53$, $d.F. = 1$, $P < .01$) (Table 19).

The data supports the hypothesis that blacks would be more alienated than whites. Therefore, the hypothesis is accepted. Black respondents have consistently reported higher mean alienation scores for each of the alienation subtypes. In view of the plight of black elderly in America, it was expected that the black elderly respondents would report higher mean alienation scores across all of the subtypes of alienation.

TABLE 17
ANALYSIS OF VARIANCE OF SOCIO-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
NORMLESSNESS
(INDIVIDUAL MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
Race Error	1 198	124.34574675 694.93425325	35.43	0.0001**
Education Error	9 190	227.2810492 591.99891508	8.11	0.0001**
Church Error	2 197	2.71782654 816.56217.346	0.33	0.7209
Living Arrangement Error	4 195	10.35603687 808.92396313	0.62	0.6458
Volunteer Work Error	2 197	2.79818182 816.48181818	0.34	0.7139
Income Error	4 195	114.33322298 704.94677702	7.91	0.0001**
Health Rating Error	3 196	78.42920635 740.85079365	6.92	0.0002**

*P< .05

**P< .01

Total Degrees. of Freedom = 199

Total Sums of Square = 819.28000000

TABLE 18
 MEAN SCORES AND PERCENTAGES FOR
 INDEPENDENT VARIABLES FOR THE SUBTYPE
 NORMLESSNESS
 (SINGLE VARIABLE MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Race	10.259	112	56.0	Black	1
	8.670	88	44.0	White	2
		N=200	100.0		
Education	11.417	12	6.0	Never went to school	1
	11.000	2	1.0	At home school	0
	11.000	4	2.0	Some college or vocational	5
	10.282	85	42.5	Some grade school (1-8)	2
	9.160	25	12.5	Completed 12 years or equivalent	4
	8.976	41	20.5	Some high school (9-12)	3
	8.000	3	1.5	Completed 2 years college	7
	7.765	17	8.5	B.A. or B.S.	8
	7.571	7	3.5	M.A., M.S. or professional	9
	7.250	4	2.0	Post high school vocational	6
TOTALS		N=200	100.0		
Church Work	9.6207	145	72.5	More time	3
	9.5455	22	11.0	Less time	1
	9.3030	33	16.5	About the same	2
TOTALS		N=200	100.0		
Living Arrangement	9.9032	31	15.5	Live with relatives	4
	9.5833	120	60.0	Live alone	1
	9.4286	7	3.5	Live with spouse and others	3
	9.3333	39	19.5	Live with spouse only	2
	8.3333	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 18 (Continued)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	9.6500	120	60.0	Less time	1
	9.5000	36	18.0	About the same	2
	9.3636	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	10.356	73	36.5	\$2,000-\$4,900	1
	9.386	70	35.0	\$5,000-\$7,900	2
	9.118	17	8.5	\$11,000-\$13,900	4
	9.032	31	15.5	\$8,000-\$10,900	3
	7.111	9	4.5	\$14,000-above	5
TOTALS		N=200	100.0		
Health Rating	10.500	26	13.0	Poor	4
	9.926	81	40.5	Fair	3
	9.238	63	31.5	Good	2
	8.433	30	15.0	Excellent	1
TOTALS		N=200	100.0		

TABLE 19

ANALYSIS OF VARIANCE OF SOCI-ECONOMIC
VARIABLES AS RELATED TO THE SUBTYPE
NORMLESSNESS
(GROUP MODEL)

SOURCE	DEGREES OF FREEDOM	SUMS OF SQUARES	F-VALUE	PROBABILITY
TOTAL	199	819.28000000	15.05	0.0001**
Race	1	124.34574675	83.53	0.0001**
Education	9	227.28108492	16.96	0.0001**
Church Work	2	2.71782654	0.91	0.4033
Living Arrangement	4	10.35603687	1.74	0.1435
Volunteer Work	2	2.79818182	0.94	0.3927
Income	4	114.33322298	19.20	0.0001**
Health Rating	3	78.42920635	17.56	0.0001**
Error	174	259.01869377		

*P<.05

**P<.01

TABLE 20
MEAN SCORES AND PERCENTAGES FOR
INDEPENDENT VARIABLES FOR THE SUBTYPE
NORMLESSNESS
(GROUP MODEL)

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT		LEVEL(S)
Race	10.259	112	56.0	Black	1
	8.670	88	44.0	White	2
TOTALS		N=200	100.0		
Education	11.417	12	6.0	Never went to school	1
	11.000	2	1.0	At home training	0
	11.000	4	2.0	Some college or vocational	5
	10.282	85	42.5	Some grade school (1-8)	2
	9.160	25	12.5	Completed 12 years or equivalent	4
	8.976	41	20.5	Some high school (9-12)	3
	8.000	3	1.5	Complete 2 years college	7
	7.765	17	8.5	B.A. or B.S.	8
	7.571	7	3.5	M.A.,M.S. or professional	9
	7.250	4	2.0	Post High School or vocational	6
TOTALS		N=200	100.0		
Church work	9.6207	145	72.5	More time	3
	9.5455	22	11.0	Less time	1
	9.3030	33	16.5	About the same	2
TOTALS		N=200	100.0		
Living Arrangement	9.9032	31	15.5	Live with relatives	4
	9.5833	120	60.0	Live alone	1
	9.4286	7	3.5	Live with spouse and others	3
	9.3333	39	19.5	Live with spouse only	2
	8.3333	3	1.5	Live with others	5
TOTALS		N=200	100.0		

TABLE 20 continued

VARIABLE(S)	MEAN SCORES	NUMBER	PERCENT	LEVEL(S)	
Volunteer Work	9.6500	120	60.0	Less time	1
	9.5000	36	18.0	About the same	2
	9.3636	44	22.0	More time	3
TOTALS		N=200	100.0		
Income	10.356	73	36.5	\$2,000-\$4,900	1
	9.386	70	35.0	\$5,000-\$7,900	2
	9.118	17	8.5	\$11,000-\$13,900	4
	9.032	31	15.5	\$8,000-\$10,900	3
	7.111	9	4.5	\$14,000-Above	5
TOTALS		N=200	100.0		
Health Rating	10.500	26	13.0	Poor	4
	9.926	81	40.5	Fair	3
	9.238	63	31.5	Good	2
	8.433	30	15.0	Excellent	1
TOTALS		N=200	100.0		

Hypothesis 2: There will be a significant difference in normlessness by level of education. Respondents with less educational attainment will experience more normlessness than respondents with higher levels of education.

Differences in the subtype normlessness by education were highly significant, when the variable education was tested in a single variable model for the normlessness subtype ($F = 8.11$, d.F. = 9, $P < .01$) (Table 17).

Observing the various levels of education (Table 18), respondents who reported the highest normlessness mean score were those who never attended school (Mean = 11.48) ($N = 12$). Respondents who received some at home education reported an average normlessness mean score of 11.00 ($N = 2$). Respondents who had received some college or vocational training beyond high school reported an average score of 11.00 ($N = 4$). Both of these two groups of respondents reported the same average normlessness score of 11.00 and also comprised a small percent of the sample (1.0 percent and 2.0 percent).

Respondents who received some grade school (1-8) reported a mean normlessness scores of 10.28 ($N=85$). Respondents who reported a low mean normlessness score were those who had completed high school or equivalent (Mean = 9.16) ($N = 25$). Respondents who received some high school reported an average normlessness score of 8.98 ($N = 41$).

Respondents who completed a 2 year college degree reported an average normlessness score of 8.00 ($N = 3$). Respondents who reported lower average normlessness scores were those respondents who completed a 4 year college degree (Mean = 7.76) ($N = 17$). The next group of

respondents who had a lower mean normlessness score were those respondents who reported an average score of 7.57 ($N = 7$). This group of respondents reported having completed a graduate or professional degree. Respondents who reported the lowest mean normlessness score were those who had completed a vocational training program, beyond high school (Mean = 7.25) ($N = 4$).

When the independent variable education was placed in a group model test in order to test for significant differences for normlessness by education, the results showed that the independent variable education influenced the dependent variable positively ($F = 16.96$, $d.F. = 9$, $P < .01$) (Table 19). That is the independent variable was found to be highly significant for the dependent variable normlessness. Thus, the group model test for significant differences confirmed the findings from the single variable model.

It was hypothesized that those elderly respondents with less education would be more alienated than those respondents who received higher levels of educational attainment. The data supported the hypothesis. Thus, the hypothesis was accepted at the .01 level of statistical significance for both the single variable model and the group model.

Hypothesis 3: There will be significant difference in normlessness by level of church work participation. Respondents who are engaged less in church work will experience more normlessness than respondents who are engaged more in church work.

The ANOVA test for significant differences for normlessness by the independent variable church work participation revealed no significant differences when tested in a bivariate model (Table 17).

The independent variable was further tested in a multivariate model for significant differences for normlessness by church work, when all other independent variables under investigation for this study were controlled. The results of the multivariate model support the findings from the single variable model (Table 19).

The data did not support the hypothesis and is therefore rejected. Briefly inspecting the mean scores for the three levels of church work we find that the average scores were not statistically different for the subtype normlessness (Table 18). Average scores ranged from a moderately low of 9.30 to a moderate 9.62.

Hypothesis 4: There will be a significant difference in normlessness by living arrangement. Respondents who live alone will experience more normlessness than respondents who live with relatives or with spouse or other individuals.

The ANOVA test for significant differences for normlessness by the independent variable living arrangement revealed no significant differences among the various levels of living arrangements (Table 17) when tested in a single variable model.

Living arrangement was entered in a group model in order to further test for significant differences for normlessness. The results of the test supported the findings from the single variable model test for significant differences (Table 19).

The hypothesis was not supported by the data and is therefore rejected. Note that the mean normlessness scores reported were not statistically different for this subtype (Table 18).

Hypothesis 5: There will be a significant difference in normlessness by level of volunteer community work. Respondents who engaged less

in volunteer work will experience more normlessness than respondents who are engaged more in volunteer work since their retirement.

The bivariate test for significant differences for the dependent variable normlessness by the social activity participation variable volunteer work, showed no significant differences (Table 17).

Volunteer work was entered in a group model to further test for significant differences while controlling for the other independent variables: RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, INCOME and HEALTH RATING. The results of the test showed that the independent variable volunteer work had no effect upon the dependent variable normlessness. The group model test for significant differences for normlessness by volunteer work supported the findings from the single variable model (Model 19).

The data obviously did not support the hypothesis and is rejected. Mean scores for the various categories of volunteer work were not statistically different for the subtype normlessness (Table 18). Hypothesis 6: There will be a significant difference in normlessness by income. Respondents with lower incomes will experience more normlessness than respondents with higher incomes.

The ANOVA test for significant differences for normlessness by income revealed highly significant differences ($F = 7.91$, $d.F. = 4$, $P < .01$) in the single variable model test for significant differences (Table 17).

Observing the various levels of income (Table 18), respondents whose income ranged from \$2,000 to \$4,900 reported the highest of the

mean scores (10.36) (N = 73). This category represented 36.5 percent of the sample.

The respondents with the second highest mean score were those with earnings ranging from \$5,000 to \$7,900. This category also comprised a large percent (35.0) of the sample (N = 70) (Mean = 9.39).

Respondents who reported lower mean normlessness scores were those respondents who reported annual incomes of \$11,000 to \$13,900 (Mean = 9.12) (N = 17); respondents whose annual income ranged from \$8,000 to \$10,900 reported an average score of 9.03 (N = 31). The lowest of the mean normlessness scores were those respondents whose incomes ranged from \$14,000 and above (Mean = 7.11) (N = 9).

The independent variable income was also tested in a group model for the dependent variable normlessness. The results of the group model test confirmed the findings from the single variable model test for significant differences ($F = 19.20$, d.F. = 4, $P < .01$) (Table 19).

Since the hypothesis received very strong statistical support from the data, it was therefore accepted. Both the single variable model test for significant differences and the group model test for significant differences revealed highly significant differences ($P < .01$) for normlessness.

It was hypothesized that those individuals whose income was low would be more alienated than those whose incomes were high. First, it is noteworthy of stating that the independent variable income was revealed four consecutive times as being significant for the alienation subtypes: PERSONAL ISOLATION, GROUP ISOLATION, POWERLESSNESS and NORMLESSNESS.

The data clearly support the fact that elderly persons whose income was low tend to be more alienated than those respondents whose incomes were higher. The lack of sufficient income probably restricts the social behavior of the elderly person. Restricted behavior as a consequence largely of insufficient income obviously contributed to the degree of alienation experienced by the aged person.

Thus, it is clear that as levels of income decrease, alienation increases; as income increases, alienation decreases.

Hypothesis 7: There will be a significant difference in normlessness by level of health rating. Respondents who were in poor and fair health will experience more normlessness than respondents who were in good or excellent health.

The final variable for the normlessness subtype is health rating. Health rating was revealed as being highly significant for the dependent variable normlessness. When the independent variable health rating was placed in a single variable model test, the results revealed highly significant differences for the subtype normlessness ($F = 6.92$, $d.F. = 3$, $P < .01$) (Table 17).

Examining the levels of the health rating variable (Table 18), respondents who were in poor health reported the highest mean normlessness score (Mean = 10.50) ($N = 26$). Respondents who were in fair health reported an average score of 9.93 ($N = 81$). Respondents reporting fair health comprised 40.5 percent of the sample for this independent variable which was the largest of all other categories for this independent variable.

Respondents who revealed a lower mean normlessness score was reported by those respondents who were in good health (Mean = 9.24)

(N = 63). The lowest of all the mean normlessness scores was reported by those respondents with excellent health rating (Mean = 8.43) (N = 30).

The independent variable health rating was entered in a group model in order to test for significant differences for normlessness. The remaining independent variables used in this study were also entered in the group model (RACE, EDUCATION, CHURCH WORK LIVING ARRANGEMENT, VOLUNTEER WORK and INCOME) but were controlled in order to test the effects of health rating on normlessness. The results revealed highly significant differences for normlessness by health rating ($F = 17.56$, $d.F. = 3$, $P < .01$) (Table 19).

The hypothesis received very strong support from the data and is therefore accepted. Health rating was revealed as being highly significant ($P < .01$) for both the single variable model and the group model test for significant differences for normlessness. This independent variable was revealed as being significant across each of the four dependent variables. As indicated previously, the health status of many elderly people has been well researched and has revealed that aged persons account for over 64 percent of the deaths in this country.³⁷ These deaths are due to the chronic conditions and diseases that are major killers of older persons (e.g., heart disease, arteriosclerosis, arthritis, diabetes to name a few).³⁸

Thus, it was expected that those elderly persons who were in poor and fair health would be more alienated than those elderly persons who were in excellent or good health.

Still another test, multiple regression analysis was performed for each of the dependent variables. Regression analysis was performed with personal isolation (dependent variable) and the independent variables race, (Since race is a dummy variable, a negative coefficient means that whites compared to blacks are less alienated. Please refer to Chapter 4) education, living arrangement, (Living arrangement is also a dummy variable. Please refer to Chapter 4, Methodology, for the discussion on treatment of the data) income, health rating, volunteer work and church work.. The resulting standardized beta's are shown in Table 25. The T-test was significant at the .01 level for the independent variable, health rating. It was the leading contributor to variation and the strongest predictor of personal isolation. Approximately (17%) seventeen percent of the variation in personal isolation scores of the study respondents was explained by the multiple regression model ($R^2 = .169$).

When the dependent variable personal isolation was tested in a multiple regression model, health rating was the strongest predictor of personal isolation. As the quality of health increased the personal isolation increased among the elderly respondents. This finding may also possibly suggest that those elderly people who were in declining health may interact more with their families and friends and perhaps experience less alienation because of the interaction held with other individuals.

The results of the multiple regression analysis for the dependent variable group isolation (Table 26) show that the independent variables health rating ($b = .230$) ($p < .01$), race ($b = -.204$) ($p < .01$), education ($b = -.185$) ($p < .05$) all contributed to the variation group isolation. Twenty-three percent of the variance in group isolation is explained by

the independent variables ($R^2 = .233$). These variables are also the stronger predictors of group isolation.

The black respondents experienced more group isolation than white respondents. As previously indicated, black elderly persons tend to have inadequate financial resources to support their functioning in social groups and organizations. Therefore, many roles and role relationships become restricted and the likelihood that they will be alienated tends to increase. The data revealed that as education increases, group isolation decreases and conversely, as education decreases, group isolation increases. The independent variable volunteer work was also significant for this subtype. Respondents who spent "less time" in volunteer work experienced more group isolation than respondents who spent "about the same" and "more time" in volunteer work. Elderly persons of the study sample who were less active in life after retirement tended to feel more withdrawn from their social environment than elderly persons who were active in life. The final variable to be inspected is health rating. Health rating was found to be positively related to group isolation. This means that those aged persons who were in better health experienced more group isolation than those respondents who were in poorer health. As previously indicated, this finding may suggest that those aged persons who are in poor or failing health may receive more interaction from loved ones, friends and family members.

The independent variables in the multiple regression model accounted for twenty eight percent (28%) of the variance in the dependent variable powerlessness ($R^2 = .277$) (Table 27). Significant contributors to the variance were race ($b = -.251$) ($p < .01$), education ($b = -.187$) ($p < .05$), and income ($b = -.172$) ($p < .05$). The negative

standardized beta indicates inverse relationships between the independent and dependent variables. Again, the black respondents are more alienated than the white respondents for the powerless subtype. The data in Table 27 also reveal that as income increases, alienation decreases; as income decreases, alienation increases. Respondents with lower incomes were more alienated than respondents with higher incomes. The independent variable education reveals that as education increase, alienation decreases. Conversely, as education decreases, alienation increases. Respondents who received less education are more alienated than those who received higher levels of education.

Table 28 shows that the independent variables education ($b = -.314$) ($p < .01$); health rating ($b = .202$) ($p < .01$); and race ($b = -.201$) ($p < .01$) were all highly significant contributors to the variance in normlessness. The full model explained thirty percent of the variance ($R^2 = .304$). The significant independent variables all varied inversely with normlessness except health rating. Health rating was found to have a positive influence on the dependent variable normlessness. Thus, education, health rating and race were the stronger predictors of normlessness.

For the third time, the independent variable education was significant. Respondents who received less education were more alienated than those who received higher levels of education. The black respondents continue to be more alienated than the white respondents. The variable health rating was revealed as being significant for the subtype normlessness. Again, the respondents who were in better health are more alienated and respondents who were in poorer health experienced less alienation. This finding suggests that those respondents who are in poorer health received more interaction from friends and family members than

those respondents who are in better health,

TABLE 25
 MULTIPLE REGRESSION RESULTS FOR
 DEPENDENT VARIABLE PERSONAL ISOLATION (N=200)

VARIABLE	STANDARDIZED BETA	SIGNIFICANCE
Race (dummy)	-.030	.699
Living Arrangement (dummy)	-.808	.249
Income	-.052	.516
Health Rating	.342	.0001**
Education	-.091	.271
Church Work	.010	.893
Volunteer Work	.015	.825

$R^2 = .169$

**p<.01

TABLE 26
 MULTIPLE REGRESSION RESULTS FOR
 DEPENDENT VARIABLE GROUP ISOLATION (N=200)

VARIABLE	STANDARDIZED BETA	SIGNIFICANCE
Race (dummy)	-.204	.006**
Living Arrangement (dummy)	-.040	.549
Income	-.013	.868
Health Rating	.230	.0012**
Education	-.185	.020*
Church Work	.060	.382
Volunteer Work	-.140	.033*

$R^2 = .233$

**p<.01

*p<.05

TABLE 27
 MULTIPLE REGRESSION RESULTS FOR
 DEPENDENT VARIABLE POWERLESSNESS (N=200)

VARIABLE	STANDARDIZED BETA	SIGNIFICANCE
Race (dummy)	-.251	.0006**
Living Arrangement (dummy)	-.087	.176
Income	-.172	.0266*
Health Rating	.101	.1372
Education	-.187	.0156*
Church Work	.008	.901
Volunteer Work	-.050	.434

$R^2 = .277$

**p<.01

*p<.05

TABLE 28
 MULTIPLE REGRESSION RESULTS FOR
 DEPENDENT VARIABLE NORMLESSNESS
 (N = 200)

VARIABLE	STANDARDIZED BETA	SIGNIFICANCE
Race (dummy)	-.201	.0047**
Living Arrangement (dummy)	-.016	.794
Income	-.056	.461
Health Rating	.202	.0027**
Education	-.314	.0001**
Church Work	.010	.8809
Volunteer Work	-.009	.879

$R^2 = .304$

** $p < .01$

TABLE 29

CORRELATION COEFFICIENTS

	NORMLESS- NESS	PERSONAL ISOLATION	POWERLESS- NESS	GROUP ISOLATION	RACE	EDUCATION	LIVING ARRANGEMENT	CHURCH WORK	VOLUNTEER WORK	HEALTH RATING	INCOME
NORMLESS- NESS	1.00	0.45596	0.53257	0.61680	-0.38958	-0.45345	0.01388	0.03334	-0.05843	0.030835	0.34308
PERSONAL ISOLATION		1.00	0.36141	0.40276	-0.15752	-0.17709	-0.06425	-0.05885	-0.04502	0.37749	-0.21235
POWERLESS- NESS			1.00	0.48259	-0.39660	-0.39293	-0.06566	0.04301	-0.07212	0.24362	-0.39379
GROUP ISOLATION				1.00	-0.34228	-0.31525	-0.000123	0.04725	-0.17585	0.32165	-0.24953
RACE					1.00	0.39554	-0.16948	-0.24025	-0.01912	-0.22745	0.31134
EDUCATION						1.00	-0.02301	-0.07014	0.05142	-0.14316	0.53908
LIVING ARRANGEMENT							1.00	0.21573	-0.06271	-0.04488	0.01150
CHURCH WORK								1.00	0.14167	-0.21659	-0.01150
VOLUNTEER WORK									1.00	-0.18157	0.05005
HEALTH RATING										1.00	-0.25674
INCOME											1.00

TABLE 30

SUMMARY TABLE OF MULTIPLE REGRESSION RESULTS
FOR THE FOUR SUBTYPES OF ALIENATION BY INDEPENDENT
VARIABLES FOR THE SAMPLE (N=200)

INDEPENDENT VARIABLES	PERSONAL ISOLATION	GROUP ISOLATION	POWERLESSNESS	NORMLESSNESS
Race	NS	S	S	S
Education	NS	S	S	S
Health Rating	S	S	NS	S
Volunteer Work	NS	S	NS	NS
Income	NS	NS	S	NS
Church Work	NS	NS	NS	NS
Living Arrangement	NS	NS	NS	NS

S = Significant

NS = Not Significant

FOOTNOTES

CHAPTER V

¹Arnold Levine, Alienation in the Metropolis (San Francisco: R. and E. Research Associates, 1977), pp. 73-74.

²Ibid., pp. 73-74.

³Harold Finestone, "Cats, Kicks and Color," Social Problems, 5 (July, 1957), p. 4.

⁴Levine, Alienation in the Metropolis, p. 1.

⁵Ibid., p. 1.

⁶E. Cumming and William Henry, Growing Old: The Process of Disengagement (New York: Basic Books, 1961), p. 25.

⁷H. Lopata, "Widows as a Minority Group," Gerontologist, 11: (1971), pp. 67-77.

⁸Diana Harris and William Cole, Sociology of Aging (Boston: Houghton Mifflin Company, 1980), p. 368.

⁹Ibid., p. 368

¹⁰Ibid., p. 368.

¹¹Ibid., p. 370.

¹²Ibid., p. 363-364.

¹³Ibid., p. 364.

¹⁴Ibid., p. 383.

¹⁵Ibid., p. 384.

¹⁶Ibid., p. 385.

¹⁷Ibid., p. 162.

¹⁸Zena Blau, Aging in a Changing Society (New York: Franklin Watts Press, 1973), p. 72.

¹⁹Harris and Cole, Sociology of Aging, p.368.

²⁰Frances Scott, Perspectives in Aging. (Oregon: Oregon State University, 1971), p. 90.

²¹Ibid., p. 90.

²²Ibid., p. 90.

²³Ibid., p. 91.

²⁴Ibid., p. 92.

²⁵Ruth Cavan, "Self and Role in Adjustment During Old Age," ed. Clyde B. Wedder, Gerontology: A Book of Readings (Springfield: Charles C. Thomas, 1963), p. 125.

²⁶Blau, Aging in a Changing Society, p. 140.

²⁷Minna Fields, Aging with Honor and Dignity (Springfield: Charles Thomas Press, 1968), p. 19.

²⁸Ibid., p. 19.

²⁹E. Lazarus, "The Influence of the Social Structure on Casework Practice with the Aging," Social Casework, XLII(1965, pp. 227-229.

³⁰Fields, Aging with Honor and Dignity, p. 20.

³¹Ibid., p. 21.

³²Arthur Schwartz, Introduction to Gerontology. (New York: Holt, Rinehart and Winston, 1979), p. 93.

³³Ibid., p. 93.

³⁴Patrick Barrow, Aging: The Individual and Society (New York: West Publishing Company, 1983), p. 225.

³⁵John Weeks, Aging: Concepts and Issues. (Belmont: Wadsworth Publishing Co., 1984), p. 144.

³⁶Ibid., pp. 145-148.

³⁷Ibid., pp. 229-231.

³⁸Ibid., p. 230.

CHAPTER VI

SUMMARY

I. General Statement

A central problem of social gerontology (and sociology in general) concerns the identification of those factors that are most closely associated with the presence of alienation among the elderly.

The three objectives of this study were: (1) To determine the degree of alienation among a sample of aged respondents (sixty-five and over in East Baton Rouge Parish); (2) To determine if there were significant differences between black and white aged respondents with reference to the degree of alienation; (3) To determine if significant differences exist among aged persons within various categories of selected variables: education, income, health rating, church work, participation, volunteer work participation and living arrangement.

The data were collected by personal interviews using a survey questionnaire developed by the researchers major professor, Dr. Thomas Durant. The attitudinal likert-type scale was also developed by Dr. Durant and was administered by the researcher to the aged respondents systematically selected for this study. The sample consisted of both blacks (N = 112) and whites (N = 88). The elderly persons involved in this study are associated with the Council on Aging Affairs, a human service organization designed specifically to assist the elderly population with their special needs.

The data were analyzed using the analysis of variance statistical technique. The test for significance was set at the .05 level.

The relationships of the four subtypes of alienation: PERSONAL

ISOLATION, GROUP ISOLATION, POWERLESSNESS and NORMLESSNESS to each of the seven independent variables: RACE, EDUCATION, CHURCH WORK, LIVING ARRANGEMENT, VOLUNTEER WORK, INCOME and HEALTH RATE were examined for significant differences using analysis of variance in both a group model and in a series of bivariate or single variable models.

In the group model, each of the seven independent variables was tested while controlling for all other variables in the model. In the single variable or bivariate model, each of the seven independent variables was tested independently of each other for each of the four subtypes of alienation.

The purpose of employing both the single variable (bivariate) and group model (multivariate) was to test for significant differences for each of the subtypes of alienation by the seven independent variables. A major focus of the analysis was to also determine if the findings from the group model would support or refute the findings from the single variable model.

As previously stated, there were seven independent variables used in this study and four dependent variables (subtypes of alienation). Of the seven independent variables, three were found to be significant across each of the four subtypes of alienation (Table 21). These variables were: RACE, INCOME AND HEALTH RATING. The independent variable education was revealed as being significant for three of the subtypes of alienation: GROUP ISOLATION, POWERLESSNESS AND NORMLESSNESS. The independent variable, living arrangement, proved to be significant for the subtype powerlessness when tested in the group model. The variable volunteer work was significant only for the subtype group isolation. The church participation variable was found not to be significant for

any of the four subtypes of alienation. The multiple regression technique was also employed in order to assess the contribution to the variance in each of the alienation subtypes by each of the independent variables and to determine which of the independent variables were the stronger predictors of the dependent variables. For the subtype personal isolation only one independent variable was significant - health rating (Table 25). Recall that the bivariate relationship (Chapter 5) was found to be significant in the hypothesized direction but the multiple regression test found this to be not the case. Health rating was positively associated with alienation. This positive relationship between the independent and dependent variable also occurred for the subtypes group isolation and normlessness. Health rating was not significant for the subtype powerlessness. For the subtype group isolation (Table 26), the independent variables health rating, race, education and volunteer work were revealed as being significant. For the third subtype, powerlessness, (Table 27), the independent variables race, education, and income were significant. For the subtype normlessness, (Table 28), the independent variables education, health rating and race were significant. The variables church work and living arrangement were not significant for any of the subtypes of alienation.

Limitations

One compelling limitation of the study was that the aged respondents represented in this sample were largely of the lower socio-economic class. Secondly, this study sample is not representative of the elderly population of East Baton Rouge Parish but rather is representative only of the elderly clients of the Council on Aging Senior Service Centers. Thus, one must exercise caution when using these data to generalize

about either elderly persons in general or other groups of elderly persons.

Advantages

This research study was concerned with a population of elderly people who were basically of low socio-economic status. This study was able to successfully pinpoint via the ANOVA test and the multiple regression test those variables that contribute to feelings of alienation among the elderly people of this study. This finding may provide information to assist social service delivery agencies to develop, revise, modify and implement new and/or improved techniques that could reduce alienation and isolation of clients of such agencies and thus increase their effectiveness in the delivery of social services. Finally, this study has helped to provide some insight into the issues concerning disengagement of the aged. For example, the findings of this study suggest that many elderly persons who become disengaged also become alienated due to health, education and economic problems. Cumming and Henry (1961) maintain that aging is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system.³ This theory conceives the aging individual as being at the center of a network of social interaction and, as he ages, his life space tends to constrict and he experiences a general curtailment of involvement in the social system.⁴ A major weakness of the disengagement theory is that the researchers did not include in their sample black elderly people nor persons from the lower class. Such a limitation reduces the generality of the disengagement theory. The current study included minority (black) aged persons as well as aged persons from the lower class. Thus, what is a limita-

tion on the one hand can be viewed as an advantage on the other. One of the problems that social service agencies must deal with is the fact that many of their clients who are predominantly minority and lower class are indeed alienated.

II. Discussion

The independent variables race ($p < .05$), income ($p < .01$) and health rating ($p < .01$) were found to be significant for the personal subtype isolation (Table 5). The group model test for significant differences was supportive of the findings from the single variable model (Table 7).

The second subtype was group isolation. The ANOVA test for significant differences (Table 9), showed that race ($p < .01$), education ($p < .01$), volunteer ($p < .01$), income ($p < .01$) and health rating ($p < .01$) were significant for group isolation. When these same independent variables were tested in a group model, the results did not refute the findings from the single variable test for significant differences (Table 11).

The ANOVA test for powerlessness revealed that race ($p < .01$), education ($p < .01$), income ($p < .01$) and health rating were significant for the powerlessness subtype when tested in a single variable model (Table 13). Each of the seven variables were further tested in a group model while controlling for all other variables. The group model (multivariate test) is a more powerful test and was performed in order to determine if there were any significant variables in the group test that were not revealed in the single variable test for significant differences. Thus, the group model test for significant differences for powerlessness revealed that the independent variable living arrangement was significant ($p < .01$) (Table 15). The multivariate test

was not supportive of the findings from the single model test.

Finally, the subtype normlessness, when tested in a single variable model revealed that the independent variables race ($p < .01$), education ($p < .01$), income ($p < .01$) and health rating ($p < .01$) were significant (Table 17). These same four variables also were found to be significant when tested in a group model (Table 19). Thus, the group model test for significant differences supported the findings from the single variable model test for significant differences (Table 19).

It is the writer's opinion that the independent variables income and health rating contributed significantly to the feelings of alienation experienced by the respondents. Moreover, these variables also were "inhibitors" to the aged respondents' participation in various social activities. As previously indicated, the level of income for the majority of the respondents was low; many of the respondents who indicated that they were receiving governmental assistance in order to assist with basic survival needs, e.g., food. Health was revealed as being significantly related to four of the alienation subtypes. Many of the respondents rated their health as being poor or fair. Thus, this group experienced higher levels of alienation than those who reported good and excellent health ratings. Moreover, this fact certainly contributed to the degree of participation in social activities -- church participation and volunteer community work participation. Many of the respondents indicated that they would like to participate more in social activities but could not due to poor health and inadequate income.

The variable education proved to be a good predictor of alienation. Education was significantly related to three of the four subtypes of alienation. It was hypothesized that elderly respondents with less

education would be more alienated than respondents with high levels of educational attainment. The subtype personal isolation did not reveal significant differences among the various levels of education. What this means is that the respondents were experiencing various levels of personal isolation through each of the various levels. In short, personal isolation existed among the respondents of the sample regardless of level of education.

The variable, race, was found to be significant for each of the subtypes. Blacks had the highest mean scores for each of the subtypes and obviously were more alienated than the white respondents. It is understandable that the black respondents would be more alienated in view of their social, political and economic history. Political apathy was frequently a reoccurring theme in many of the personal interviews conducted by the researcher. In general, the black elderly had lower incomes, less education and poorer housing than the white respondents.

The independent variable, living arrangement, was significant only once and for the subtype powerlessness when tested in a group model. Respondents who lived with relatives reported that highest mean powerlessness score (11.77). The literature suggest that many older people prefer to live near, but not with their children. Most older people desire to remain in their own homes in order to maintain their own independence and to avoid infringing on their children's freedom.⁵ However, separate homes are not always possible especially in cases where older people are in poor health or lack adequate finances to live alone.⁶ The writer believes that many of the aged respondents do not have the freedom to do as they would like if they lived with someone else. Moreover, if their finances are low and their health is not good, the individual

may perceive himself/herself as being more of a liability rather than an asset, which perhaps may increase feelings of alienation.

As indicated previously, the independent variable church work was not found to be significant for any of the subtypes. The writer believes that due to the general characteristics of the sample, (e.g., low income, poor health, and low educational attainment) many elderly respondents were unable to participate fully in social activities. Cumming and Henry have pointed out that as the aged person nears the end of life, there is a tendency for people to take less normative stand.⁷ That is, they become more alienated, less pious, and less active as churchgoers, even though they are ambulatory.⁸ Additionally, Cumming and Henry believe that it is possible that increased alienation reflects merely the loosening of the normative web surrounding old people.⁹ Furthermore, Cumming and Henry are of the opinion that when frequent intensive interaction with their peers cease, their eccentricities are allowed to emerge and consequently alienation may increase among aged persons.¹⁰

Many of the elderly respondents of the present study also indicated a strong fear of crime, especially the elderly respondents who lived in the inner city area of Baton Rouge. Many expressed fears of being robbed and burglarized by adolescent youth and young adults. This perhaps is another factor that contributes to alienation being distributed throughout the various levels of church participation for each of the subtypes of alienation.

Volunteer work was significant only for the subtype group isolation. Respondents who engaged less in volunteer work were more alienated than those respondents who were engaged in volunteer work since their retirement.

The status variables: income, race, health rating and education were the best predictors of alienation among the aged respondents for the ANOVA test.

The multiple regression technique was performed in order to assess the contribution to the variance in the alienation subtypes by each of the independent variables. For the subtypes personal isolation, the independent variable health rating was found to be a strong predictor variable ($p < .01$) for personal isolation but was not inversely related to personal isolation (Table 25). For the subtype group isolation, there were four variables that were significant predictors: race ($p < .01$), health rating ($p < .01$), education ($p < .05$), and volunteer work ($p < .05$). The independent variable health rating, was found to be positively associated with alienation (Table 26). For the third subtype, powerlessness, the independent variable race ($p < .01$), education ($p < .05$) and income ($p < .05$) were found to be the best predictors. Finally, for the subtype normlessness, three variables were significant: education ($p < .01$), health rating ($p < .01$) and race ($p < .01$). Health rating was not found to be inversely related to the dependent variable normlessness (Table 27).

The status variables (race and education) were significant predictors for all subtypes but personal isolation. Health rating was a significant predictor for all subscales but powerlessness. Volunteer work was significant in predicting group isolation. Income was a significant predictor for powerlessness only. Church work and living arrangement were not significant predictors.

The findings of this study agree with previous research of Durant with respect to race. Blacks exhibited more alienation than did whites.

The results also agree with the findings of Steelman and McCann with respect to race, income, education and volunteerism. This research also found blacks, those with low incomes, low education levels and low volunteer participation to be more highly alienated.

This author included health rating of the elderly respondents to determine the effect of this variable on alienation. It was interesting to find that those in better health were found to be more alienated than the respondents who were in poor health. This finding may be due to the elderly in poor health using their health status to encourage social interaction with family, friends, and loved ones. Those elderly respondents who were in better health are often left alone by family and friends. The variable living arrangement was found not to be a significant predictor of alienation; contradicting this researcher's expectations that those who lived alone would be more alienated than those who lived with others.

No significant differences in the four dependent variables were found for the variable church participation. The same was true for volunteer work except in the instance of group isolation. An inverse relationship existed between volunteer work and group isolation. As the respondents increased levels of volunteer participation, it resulted in less group isolation as expected.

The homogeneous characteristics (e.g., (1) predominantly low-income and (2) is not representative of the middle-class elderly) may have contributed to the unexpected findings with respect to the social activity participation variables.

III. Conclusions

Based on the findings of this study, several conclusions can be

made. Inspecting the mean scores for each of the subtypes of alienation for the entire sample (Table 23), personal isolation had an average score of 8.68. This mean personal isolation score indicates that personal isolation was distributed moderately throughout the sample. Examining Table 24, 34.0 percent of the sample experienced low personal isolation (N = 68); 50.5 percent of the entire sample experienced moderate personal isolation (N = 101). This level represented the largest number of respondents for the personal isolation subtype. There were 15.5 percent who experienced high personal isolation (N = 31).

The second subtype, group isolation, had an average group isolation score of 16.29 (N = 200). Thus, the elderly respondents of the sample experienced high levels of group isolation. Inspecting the various levels (Table 24), 1.5 percent of the entire sample reported low group isolation (N = 3). Moderate levels of group isolation were experienced by 38.5 percent of the sample (N = 77). The majority of the respondents were found to experience high levels of group isolation (60.0 percent) (N = 120).

For the subtype powerlessness, the average powerlessness score was 11.41 (N = 200) (Table 23). Examining the various levels (Table 24), 3.5 percent (N = 7) experienced low levels of powerlessness; 43.5 percent of the respondents experienced moderate levels of powerlessness (N = 87); 53.0 percent experienced a high level of powerlessness (N = 160). Also, this level had the highest number of respondents of all other levels (Table 23).

The final subtype is normlessness. The mean normlessness score for the entire sample (N = 200) was 9.56. This mean normlessness score indicates that there was a moderate amount of normlessness experienced

among the sample respondents (Table 23). Turning attention to Table 24, 12.0 percent of the respondents experienced low levels of normlessness (N = 24). The majority of the respondents of the sample experienced moderate levels of normlessness (71.0 percent) (N = 142); 17.0 percent of the respondents reported high levels of normlessness (N = 34).

Thus, for the four subtypes of alienation, the data presented clearly confirms the existence of moderate to high levels of alienation among the respondents of this sample (Table 24). It is apparent that this finding indeed suggests that the psychological well-being of the aged respondents could be improved providing that they be given the proper motivation and socio-economic support needed in order to assist in eradicating some of the conditions that may contribute to their feelings of alienation. For example, living conditions were inadequate among the elderly along with poor housing, inadequate income, a lack of effective law enforcement and security in the inner city areas where large numbers of elderly reside. Certainly, these problems have played a crucial role in the quality of life of the aged respondents. As previously stated in Chapter V, the independent variables health and income were found to be significant for each of the four subtypes. Gerontologists and social scientists believe that mental illness among the disadvantaged elderly is greater because they are often placed under greater stress than other social groups due to inadequate financial resources and poor health.¹¹

Palmore points out what he considers to be the major social stresses of the aged as being: (1) Loss of income; (2) Loss of role and status; (3) Loss of a spouse; (4) Isolation through disability and (5) Loss of cognitive functioning.¹² Thus, this list of social stresses

are indicators of the variety of social, psychological and physical stresses with which aged persons are confronted. These five stresses apparently existed to some degree among the aged respondents of this study.

When the multiple regression test was performed for the dependent variable personal isolation with the seven independent variables, health rating was the best predictor for personal isolation. This variable was not found to be inversely related to personal isolation. For the second subtype, group isolation, there were four variables that were significant predictors: race, education, health rating and volunteer work. Again, the variable health rating was not found to be inversely related to the dependent variable although it was very significant. Blacks experienced more group isolation than whites; respondents who were less educated were more alienated than respondents with higher levels of educational attainment and respondents who engaged less in volunteer work were more alienated than those who engaged about the same and more since their retirement. For the subtype powerlessness, three independent variables were significant predictors: race, education and income. Blacks were more alienated than whites; respondents with less education were more alienated than respondents with more education; respondents whose incomes were low were more alienated than those respondents with higher incomes. For the final subtype, normlessness, the independent variables race, education and health rating were the best predictors. Blacks continue to be more alienated than white; respondents who received less education were more alienated than those with higher levels of education. Although health rating was significant for the subtype normlessness, the direction of the relationship was positive, which was contrary

to what was hypothesized. The findings of this study are important to sociological research in that the study was restricted to the elderly respondents who are participants in the Council on Aging Senior Service Centers. The researcher selected the independent variables as predictor variables based on the findings of other researchers who attempted to measure and/or predict alienation. All of these predictor variables did not prove to be significant predictors as expected. A possible rationale for those that were not significant predictors was that: (1) the study sample was comprised of low-income elderly people, (2) the group was fairly homogenous with respect to income and education, (3) the sample was comprised of only elderly clients who were affiliated with the Council on Aging Senior Service Centers.

The theoretical framework used in this study was a fruitful model for the hypotheses tested. For example, due to the significance that the variables health, race, education and income played throughout this study for the ANOVA test and race and education for the multiple regression test, many of the elderly respondents were forced to relinquish their roles in various social groups. When social roles are reduced among the elderly there is also a corresponding decrease in social interaction which of course increases feelings of loneliness and isolation which may become a major part of the daily existence for many of the aged persons. Thus, the nature of "social roles" are crucial factors for the mental health of the elderly. Roles are also crucial factors for the integration and social well-being of the elderly. The problem of alienation for the black aged is most acute. The variable race was found to be consistently significant for each of the subtypes of alienation. The black aged respondents had lower incomes, lived in

poorer housing and were in poorer health compared to the white aged. It is a fact that minority group members have less access to the rewards of society--wealth, power and prestige than members of the majority group. Thus, minority status limits opportunities and privileges, and as a result, limit their full participation in society.¹² Thus, because of these socio-economic conditions that permeate the American society, the black aged are confronted with multiple jeopardy - black, aged, and social isolation. The plight of the black aged tends to be greater than the plight of the white aged. Since the black elderly tend to have a lower social and economic status, the writer believes that they will continue to experience higher levels of alienation than the white aged if appropriate intervention measures are not taken by social service agencies that are professionally designed to address the social-psychological-medical needs of such elderly persons.

The elderly respondents of this study sample were all participants with the Council on Aging senior service centers (restatement). A senior center and its surrounding community share the responsibility for assuring that needed services and activities for older persons are available, appropriate and accessible if at all possible. The senior centers in East Baton Rouge Parish and all other Louisiana parishes (counties) should serve or continue to serve as an advocacy role for the needs of older people and especially the needs of the poor, low income and disenfranchised aged individual. Senior citizens play a very viable role in assisting the elderly with many of their needs. By identifying those individuals who are concerned with the plight of the elderly from the community who can represent older persons and speak in their behalf to legislators and government officials, the senior center can continue

to provide services for disadvantaged aged individuals, (e.g., medicare and social security benefits are two major governmental issues affecting the elderly). What this means is that coordinated services and continuous joint planning and collaboration must be an ongoing process if the wheels of positive social change are to move forward. Moreover, the senior center must continue to serve as a source of identification of the elderly person's needs and in an advocacy role for older people who have no other source of representation or feel too weak, too powerless or simply lack a sufficient knowledge base (perhaps due to low educational attainment) to assume some responsibility for addressing personal needs and rights. The community as well as the senior centers have the joint responsibility of obtaining and supporting needed human resources and/or human development services for elderly people. These senior centers can serve as an important bridge to the community for the aged individuals. For some of the elderly people of this study, participation in senior center activities means being a part of the community life. For others, participation in a senior center means a place for the elderly person to acquire a hot nutritional meal each day. Also, by providing various opportunities, the center can make older individuals feel wanted and valued as part of the community and perhaps generate if possible, a desire on the part of the older person to contribute to the community (e.g., encouraging elderly persons to visit senior centers; assist other aged persons in the centers). As previously indicated, the clients of the senior centers are basically low income black people with little education, especially in the inner city areas. Due to the low socio-economic position of the elderly of the study sample, there are specific service delivery needs that must be made available or

improved upon. Since the black elderly respondents were found to be more alienated, perhaps senior centers could employ psychologists, social workers and other professionally trained persons for casework and group work counselling services for the elderly. Counselling services is one approach in which trained practitioners could aid in attempting to eliminate some of the psychological distress that elderly persons may experience. For example, some of the elderly respondents reported that they were having problems with their adult children, economic problems, fear of being victimized in their homes or neighborhoods and transportation. Additionally, the senior centers involved in this study could increase the number of visits made by health professionals (nurses) to the senior centers health clinic. Moreover, since many of the clients of these centers are widowed, instructions could be administered to them on how to perform a self-help breast examination for possible cancerous tumors.

Also, adult education mini-courses could serve to stimulate the minds of those elderly persons who are largely uneducated and who do not have the necessary knowledge base regarding "what to do" or "where to go" in case of emergencies. In other words, a meaningful psycho-drama type mini-course in crisis management could be a useful tool for the elderly. A psychol-drama course simply means that the elders are required to act-out (verbally and physically) the knowledge they have acquired in the crisis management course. Also, active and passive recreation must be continued and highly encouraged in order to strengthen the muscles of the body which hopefully, will assist the individual in minimizing personal accidents such as "falls" that may result from physical inactivity. Since many of the elderly are of low income, many of them rely upon the public welfare system for monthly food stamps.

This allotment is inadequate. This writer is of the opinion that instead of the one meal per day served at the centers, two meals per day should be provided - one morning and one evening meal. Such a plan could be implemented if legislators and policy makers could further recognize and address a central problem concerning elderly people - their inadequate nutritional diets. Since many of the elders expressed transportation problems, additional funding for transportation buses and drivers could provide transportation for those elders who would like to become active participants with the council on aging senior centers.

The senior centers in East Baton Rouge Parish represent a vast investment of the public sector in terms of coordinated, comprehensive and geographically representative service delivery to the aged of this parish. Their importance to aged individuals are enormous. Their purpose and functions to the aged community is of great significance to the social and psychological well-being of aged individuals, particularly to the aged individuals of this study sample.

In the future, it is expected that older persons will not only live longer, but they will remain healthier to an older age. The basic assumption is that the elderly persons of the future will have access to health care. Moreover, this improved future state of health care also implies that future elderly persons will have higher incomes and higher educational levels and thus, will be able to provide for their own health care and they will be in a better position to articulate their concerns and interests to appropriate organizations regarding improvements in health care delivery systems.¹³ The future elderly having much the same health needs of the present generation, will demand health services, but at a more advanced age and in greater

quantities, as there will be a larger older population and higher life expectancy. The costs of meeting these needs will be correspondingly multiplied.¹⁴ If the quality of life increases for the elderly, then it is expected that levels of alienation will decrease. If the quality of life for the elderly does not increase as expected, then it is expected that levels of alienation among them will increase. Thus, the task of trying to improve the mental health of the aged may continue onward.

IV. Suggestions for Future Research

Based on the findings of this research study, the following suggestions are recommended for future research. It is the opinion of the writer that a similar study be conducted to determine if rural and urban differences exist in terms of the quality and quantity of services delivered for each of the fifteen high density aged areas of the parish. Second, a research study could be conducted to determine if significant differences exist in level of alienation among aged rural persons and aged urban persons. Third, additional research should be conducted on international service delivery systems designed specifically for the elderly in order to gain new insights, policy planning and new direction for our American system of service delivery. Fourth, a similar study could be conducted using a much larger sample of elderly respondents who are not affiliated with the Council on Aging service centers such as those aged persons who are institutionalized in nursing homes, penal institutions and geriatric hospitals, especially in terms of their mental health. Such a study could add to the development or enhancement of various treatment modalities for the institutionalized aged persons. Fifth, additional research is needed in order to determine the specific health care needs of the disadvantaged elderly. Research could help

medical practitioners and medical social workers to plan and implement more effective health care service delivery programs for elderly people. Sixth, additional research could be done in order to find out what types of special services are needed for the at-risk elderly persons - the blind, deaf and non-ambulatory. Seventh, it would be feasible for researchers interested in studying differences between minority and the majority aged persons to concentrate their efforts upon investigations not necessarily of racial differences per se but in classism and racism. Eighth, it would be useful if interested researchers would compare males and females in terms of their level of alienation; e.g., one might ask, are males more alienated than females or females more alienated than males? Finally, a gender comparison by race for males and females could provide a breakdown of the degree of alienation experienced within each of the racial and gender groups. Such a research study could provide new insights and direction to the development and implementation of various treatment approaches for elderly persons by concerned clinical practitioners. These new insights gained from research investigations could perhaps provide a new awareness with regard to service delivery techniques for the aged individual.

FOOTNOTES

- 1 Thomas J. Durant, "Residence, Race, and Sex Differences in Level of Alienation Among the Aged", Journal of Social and Behavioral Sciences, 24: (1978), pp. 85-101.
- 2 Ibid., pp. 85-101.
- 3 Elaine Cumming and William Henry, Growing Old: The Process of Disengagement (New York: Basic Books, 1961), p. 14.
- 4 E. Grant Youmans, "Objective and Subjective Economic Disengagement Among Older Rural and Urban Men", Journal of Gerontology, 5: (1966), pp. 220-230.
- 5 Diana Harris and William Cole, Sociology of Aging (Boston: Houghton Mifflin, Co., 1980), p. 221.
- 6 Ibid., p. 222.
- 7 Cumming and Henry, Growing Old: The Process of Disengagement p. 14.
- 8 Ibid., p. 96.
- 9 Ibid., p. 96,
- 10 Ibid., p. 96.
- 11 Harold Cox, Later Life: The Realities of Aging (Englewood Cliffs: Prentice Hall, Inc., 1984), p. 124.
- 12 Ibid., p. 126.
- 13 Harris and Cole, Sociology of Aging, p. 195.
- 14 Ibid., p. 439.

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APPENDIX A

TABLE 1
 SAMPLING DISTRIBUTION FROM EAST BATON ROUGE
 PARISH COUNCIL IN AGING SERVICE CENTERS:
 20 PERCENT RANDOM SAMPLE

NUMBER IN CENTER (Column A)	NUMBER SELECTED (Column B)
Center 1 = 120	24
Center 2 = 80	16
Center 3 = 110	22
Center 4 = 40	8
Center 5 = 30	6
Center 6 = 60	12
Center 7 = 20	4
Center 8 = 130	26
Center 9 = 100	20
Center 10 = 20	4
Center 11 = 70	14
Center 12 = 50	10
Center 13 = 40	8
Center 14 = 60	12
Center 15 = 70	14
<u>1,000</u>	<u>200</u> respondents

Note: 1,000 = Total Number of Elderly Persons
 200 = Number of Respondents Selected

TABLE 2
CONTRIBUTIONS OF COEFFICIENT OF ALPHA TO ALIENATION
SUBTYPES

1. Personal Isolation: (ATT 1,3,16,18)	Alpha = 0.5918
2. Group Isolation: (ATT 2,4,6,8,9,10)	Alpha = 0.5731
3. Normlessness: (ATT 5,7,14,17)	Alpha = 0.4288
4. Powerlessness: (ATT 11,12,13,15)	Alpha = 0.7403

TABLE 3
 FACTOR LOADINGS OF ALIENATION
 SUBTYPES BY ATTUDINAL VARIABLES

<u>VARIABLE</u>	<u>LOADING</u>
<u>Personal Isolation</u>	<u>Factor 1</u>
ATT 1	.74533
ATT 3	.42988
ATT 16	.78865
ATT 18	.69362
<u>Group Isolation</u>	<u>Factor 2</u>
ATT 2	.41421
ATT 4	.66253
ATT 6	.72772
ATT 8	.60801
ATT 9	.51568
ATT 10	.39571
<u>Powerlessness</u>	<u>Factor 4</u>
ATT 11	.76411
ATT 12	.79375
ATT 13	.76414
ATT 15	.68223
<u>Normlessness</u>	<u>Factor 4</u>
ATT 5	.70492
ATT 7	.38849
ATT 14	.70514
ATT 17	.60832

TABLE 4

TABLE OF CORRELATION COEFFICIENTS OF
INDEPENDENT VARIABLES

	RACE	EDUCATION	LIVING ARRANGEMENT	CHURCH WORK	VOLUNTEER WORK	HEALTH RATING	INCOME
Race	1.0	0.39554	-0.16948	-0.24025	-0.01912	-0.022745	0.31134
Education		1.0	-0.02301	-0.07014	0.05142	-0.14316	0.53908
Living Arrangement			1.0	0.21573	-0.06271	-0.04488	0.01150
Church Work				1.0	0.14167	-0.21659	-0.01112
Volunteer Work					1.0	-0.18157	0.05005
Health Rating						1.0	-0.25674
Income							1.0

TABLE 21

SUMMARY TABLE OF SIGNIFICANT DIFFERENCES
IN THE FOUR SUBTYPES OF ALIENATION BY
INDEPENDENT VARIABLES FOR THE SAMPLE

INDEPENDENT VARIABLES	PERSONAL ISOLATION		GROUP ISOLATION		POWERLESSNESS		NORMLESSNESS	
	Single Variable Model	Group Model	Single Variable Model	Group Model	Single Variable Model	Group Model	Single Variable Model	Group Model
1. Race	S	S	S	S	S	S	S	S
2. Income	S	S	S	S	S	S	S	S
3. Health Rating	S	S	S	S	S	S	S	S
4. Education	NS	NS	S	S	S	S	S	S
5. Living Arrangement	NS	NS	NS	NS	NS	S	NS	NS
6. Volunteer Work	NS	NS	S	S	NS	NS	NS	NS
7. Church Participation	NS	NS	NS	NS	NS	NS	NS	NS

S = Significant

NS = Not Significant

TABLE 22
ATTITUDINAL QUESTIONS AS RELATED
TO EACH SUBTYPE OF ALIENATION

PERSONAL ISOLATION	
Statement Number	Statements
1	Sometimes I feel all alone in the world.
3	Most people over 65 often feel lonely..
16	I am not as happy as when I was younger.
18	I am not very satisfied with my life at present.
SOCIAL GROUP ISOLATION	
2	I don't get invited out by friends as often as I'd really like.
4	Real friends are hard to find.
6	Most people don't really care what happens to people over 65.
8	Nobody has any use for people once they've retired from work.
9	There will always be a great lack of understanding between the older and younger generations.
10	There are many retired people who don't know what to do with their lives.
POWERLESSNESS	
11	There is little people can do about improving the kinds of jobs open to them once they reach 65 or retire.
12	New laws are not likely to make this a better place for retired people and those over 65.

TABLE 22 (Continued)

13	In spite of what people say, the life of the retired person over 65 is getting worse.
15	People over 65 can do little to raise their standard of living.
<hr/>	
NORMLESSNESS	
<hr/>	
5	People are basically unfriendly, especially to people over 65.
7	People were happier in the old days when everyone knew just how he was expected to act.
14	Most people don't really care how people over 65 behave.
17	I often feel uncomfortable with other people.
<hr/>	

TABLE 23

MEAN SCORES AND RANGE OF RESPONSES
FOR THE SUBTYPES OF ALIENATION

VARIABLE	NUMBER	MEAN	RANGE OF RESPONSES
1. Personal Isolation	200	8.67500000	4.00000000-15.00000000
2. Group Isolation	200	16.29000000	7.00000000-23.00000000
3. Powerlessness	200	11.41500000	4.00000000-16.00000000
4. Normlessness	200	9.56000000	4.00000000-15.00000000

TABLE 24
NUMBER AND PERCENT FOR
EACH SUBTYPE OF ALIENATION

SUBTYPE	NUMBER	PERCENT	LEVEL OF ALIENATION
1. Personal Isolation	68	34.0	Low
	101	50.5	Moderate
	31	15.5	High
	N=200	Percent 100.0	
2. Group Isolation	3	1.5	Low
	77	38.5	Moderate
	120	60.0	High
	N=200	Percent 100.0	
3. Powerlessness	7	3.5	Low
	87	43.5	Moderate
	106	53.0	High
	N=200	Percent 100.0	
4. Normlessness	24	12.0	Low
	142	71.0	Moderate
	34	17.0	High
	N=200	Percent 100.0	

APPENDIX B

Factors Influencing Alienation of the Aged

Interviewer No. _____

Interviewer _____

Date _____

Interview Guide

I. General Characteristics of the Respondent

A. AGE _____

B. SEX _____ Sample Area _____

C. RACE _____

D. EDUCATION: What was the last grade in school you completed?

E. MARITAL STATUS _____

F. RELIGIOUS AFFILIATION _____

II. Occupation

A. What type of work did you do before you retired?

Job title _____

Industry _____

Duties _____

B. If presently employed, what type of work do you do now?

Job title _____

Industry _____

Duties _____

C. Are you fully retired -- non-working? _____

III. Members of Household

A. Other than yourself, who lives in this house? What is/are their relation to you? How old are they? Are they married?

[illegible]

IV. Social Activity Participation

Please tell me if you have participated in the following activities since your retirement more, less, or about the same.

Activity	Less Time	More Time	About the Same
Church Work			
Visiting Relatives			
Volunteer Work			
Visiting Friends			
Other (specify)			

V. Political Participation

	Yes	No
A. Are you a registered voter?	_____	_____
B. Did you vote in the Presidential Election of 1984?	_____	_____
C. Did you vote in the Gubernatorial Election of 1984?	_____	_____
D. Who did you vote for?	_____	_____
	_____	_____
	_____	_____

VI. What is your health status?

- A. Disabled _____
- B. Able to move about _____
- C. Other _____

VII. How would you rate your health?

- A. Excellent _____
- B. Good _____
- C. Fair _____
- D. Poor _____

VIII. What is your present income?

What is the income of your spouse (if applicable)?

IX. What is your greatest fear?

X. How did you get started with the Council on Aging?

Attitudes About Life

I would like to read to you a set of statements referring to attitudes about life in general. Please tell me if you agree, strongly agree, disagree or strongly disagree with each statement.

*SD= strongly disagree SA= strongly agree

D= disagree

A= agree

	SD	D	A	SA
1. Sometimes I feel all alone in the world.	_____	_____	_____	_____
2. I don't get invited out by friends as often as I'd really like.	_____	_____	_____	_____
3. Most people over 65 often feel lonely.	_____	_____	_____	_____
4. Real friends are hard to find.	_____	_____	_____	_____
5. People are basically unfriendly, especially to people over 65.	_____	_____	_____	_____
6. Most people don't really care what happens to people over 65.	_____	_____	_____	_____
7. People were happier in the old days when everyone knew just how he was expected to act.	_____	_____	_____	_____
8. Nobody has any use for people once they've retired from work	_____	_____	_____	_____
9. There always will be a great lack of understanding between the older and younger generations.	_____	_____	_____	_____
10. There are many retired people who don't know what to do with their lives.	_____	_____	_____	_____
11. There is little people can do about improving the kinds of jobs open to them once they reach 65 or retire.	_____	_____	_____	_____
12. New laws are not likely to make this a better place for retired people and those over 65.	_____	_____	_____	_____
13. In spite of what people say, the life of the retired person over 65 is getting worse.	_____	_____	_____	_____
14. Most people don't really care how people over 65 behave.	_____	_____	_____	_____
15. People over 65 can do little to raise their standard of living.	_____	_____	_____	_____

	<u>SD</u>	<u>D</u>	<u>A</u>	<u>SA</u>
16. I am not as happy as when I was younger.	___	___	___	___
17. I often feel uncomfortable with other people.	___	___	___	___
18. I am not very satisfied with my life at present.	___	___	___	___

VITA

The writer, Ollie Collden Gary Christian, was born in Ocala, Florida, September 22, 1946. She received her elementary and secondary school training in Ocala.

In 1968 she received her undergraduate degree from Paine College in Augusta, Georgia.

In 1971 she received her Master of Social Work Degree from the Louisiana State University School of Social Work. Upon completion of her graduate work, the writer worked as a clinical practitioner, social work supervisor, social work educator and consultant.

In 1980 she received the Master of Arts Degree in Sociology. Presently, she is a candidate for the Doctor of Philosophy in Sociology at Louisiana State University.

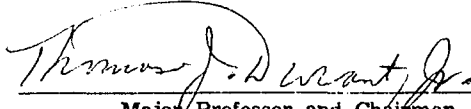
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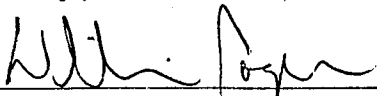
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Major Field: Sociology

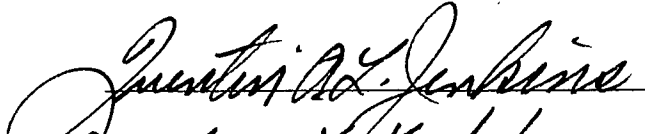
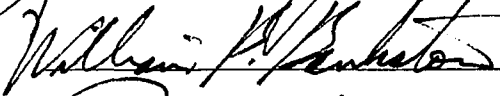
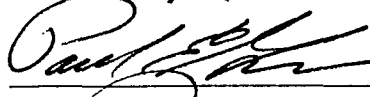
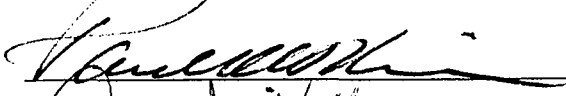
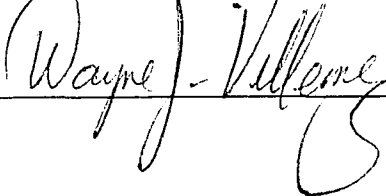
Title of Dissertation: Socio-Economic Factors Influencing Alienation Among the Aged Participants of the East Baton Rouge Parish Council on Aging Senior Centers.

Approved:


Major Professor and Chairman


Dean of the Graduate School

EXAMINING COMMITTEE:

Date of Examination:

November 26, 1986